

P03000053395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

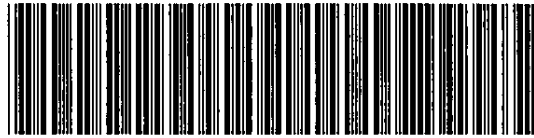
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600082426656

12/11/06--01073--004 \*\*87.50

FILED  
06 DEC 11 PM 3:59  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

12-11-06  
R. B. Res. Cy

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Victory Bedding INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000053395

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANNY RIVERA  
(Name of Person)

Victory Bedding INC  
(Name of Firm/Company)

1615 George Jenkins Blvd  
(Address)

LAKELAND FL 33815  
(City/State and Zip Code)

For further information concerning this matter, please call:

DANNY RIVERA at (407) 340-3751  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DANNY RIVERA

(Name of Registered Agent)

hereby resigns as Registered Agent for VICTORY BEDDING INC.

(Name of Corporation)

P0300005395

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Danny Rivera  
(Signature of Resigning Agent)

If signing on behalf of an entity:

DANNY RIVERA  
(Typed or Printed Name)

Vice President  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
06 DEC 1 1 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA