# P0300067086

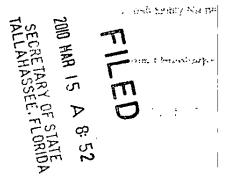
(Requestor's Name)				
(Address)				
(Address)				
•				
(City/State/Zip/Phone #)				
,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
(Socialities Authority)				
Certified Copies Certificates of Status _ ·				
Special Instructions to Filing Officer:				
•				

Office Use Only



300163421793

03/16/10--01008--020 \*\*70.00



RA Resign Newso 3-16-10

#### **COVER LETTER**

то:	Amendment Section Division of Corporations
SUBJ	ECT: COTHERN & CO., INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000067086
Γhe e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
STE	VEN K. JONAS, ESQ.
	(Name of Person)
STE	VEN K. JONAS, P.A.
	(Name of Firm/Company)
4914	STATE ROAD 54
	(Address)
NEV	V PORT RICHEY, FL 34652
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
STE	VEN K. JONAS, ESQ. at ( 727 ) 846-6945
	(Name of Person) (Area Code & Daytime Telephone Number)

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



## FILED

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	N OF REGISTERED AGENT A CORPORATION	2010 MAR 15 A 8: 52
		SECRETARY OF
Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 61	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Florida Statutes, the undersigned,FE	RRELL COTHERN (Name of Registered Agent)	Дот
hereby resigns as Registered Agent for	COTHERN & CO., INC. (Name of Corporation)	
P03000067086	• • •	
(Document Number, if known)	<del>_</del>	
A copy of this resignation was mailed to	the above listed corporation at its last k	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the da	te on which
<del>Jinell</del>	gnature of Resigning Agent)	_
If signing on behalf of an entity:		
(	Typed or Printed Name)	_
	(Capacity)	<del></del>

### 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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