## P03000067856

(Red	questor's Name)	
	•	
(Address)		
(Address)		
(City	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(23.	<b></b>	,
(Doc	cument Number)	••••
(= 3)	· · · · · · · · · · · · · · · · · · ·	
Certified Copies	Certificatés	s of Status
	<u>.</u> .	
Special Instructions to F	Filing Officer:	

Office Use Only



500158879335

07/27/09--01046--008 \*\*87.50

FILED
2009 JUL 27 PM 2: 14
SECRETARY OF STATE

R. A. Resign.

TB

JUL 28 2009

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Mucky Puppy, INC (Name of Corporation)		
DOCUMENT NUMBER: P03000067856		
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:		
Michelle Giuffrida (Name of Person)		
(Name of Firm/Company)		
210 Lowst St 25F (Address)		
Philadelphia, PA 19106 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Michelle Giuffrida at (267) 258-0979  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## SECRETARY PM 2: 14 FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150 Michelle Ginffrida (Name of Registered Agent) Florida Statutes, the undersigned, \_\_ Mucky Puppy Inc. (Name of Ediporation) hereby resigns as Registered Agent for \_ 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. If signing on behalf of an entity: (Typed or Printed Name)

RESIGNATION OF REGISTERED AGENT

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)