P03000075906

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FIRMMOTHER INC (Name of Corporation)
DOCUMENT NUMBER: <u>P03000075906</u>
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:
JANEEN PERNIGOTTI (Name of Person)
Almos (CELL) (Common)
(Name of Firm/Company)
2072 61H ST.
2072 LTH ST. SAFASOTA FL 34237 (City/State and Zip Code)
For further information concerning this matter, please call:
SAME AS ABOVE at (941) 320.5903 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. 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 617.1.	509,	
Florida Statutes, the undersigned, JANEEN EPNIGOTI (Name of Registered Agent)	<u> </u>	
hereby resigns as Registered Agent for FIRMOTHER IN (Name of Corporation)	<u></u>	
P0300075906 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	n address.	
The agency is terminated and the office discontinued on the 31st day after the date of	n which	
this statement is filed.		
(Signature of Resigning Agent)		
If signing on behalf of an entity:	OF NOV	(Antimit
(Typed or Printed Name)	112 1138	-
(Typed of Fillined Name)	AM III	
(Capacity)	원 3	

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withdrawn corporation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