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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : JIM KENT & COMPANY

Account Number : 119990000128 Phone : (305)220-8477 Fax Number : (305)412-3000

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## REGISTERED AGENT RESIGNATION

MIAMI'S FINEST HOME IMPROVEMENT & REPAIRS, INC.

Certificate of Status	0
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Estimated Charge	\$87.50

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Department of State 7/26/2004 1:18 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2004

MIAMI'S FINEST HOME IMPROVEMENT & REPAIRS, INC. 1728 SW 21ST STREET MIAMI, FL 33145

SUBJECT: MIAMI'S FINEST HOME IMPROVEMENT & REPAIRS, INC.

REF: P03000077963

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must resign exactly how their name is listed on our records. The current registered agent is listed as: JAMES A KENT. Please correct your document accordingly.

Please raturn your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan Document Specialist FAX Aud. #: H04000152770 Letter Number: 504A00046910 NEIBAUR & ASSOC.

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	97.0502(2), 617.0592(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JA	MES A. KENT
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Miami's Finest Home Imporvement & Repairs, Ir
<del>_</del>	(Name of Corporation)
P03000077963	
(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 this statement is filed.	discontinued on the 31st day after the date on which
$Q_a$	ener a. Kent grature of Resigning Agent)
(Sig	mature of Resigning Agent)
If signing on behalf of an entity:	
	Typed or Printed Name)
	<u> </u>
	(Capacity)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Fee for filing	this document:
\$87.50 - Acti	ve corporation

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

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