

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

· Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291 Phone : (407)847-7466

R. WHITE

Fax Number : (407)847-6641

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT RESIGNATION CORPORATE MECHANICAL SERVICES, INC.

Certificate of Status	0
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Estimated Charge	\$87.50

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Corporate Mechanical Services, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000078888
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Ça	andy McDonah
	(Name of Person)
Sv	vart Baumruk & Company LLP
	(Name of Firm/Company)
11	01 Miranda Lane
	(Address)
Kis	ssimmee, FL 34741
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Ca	(Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT ALLAHASSEE, FLORIDAL FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Swart Baumruk & Company, LLP
(Name of Registered Agent)
hereby resigns as Registered Agent for Corporate Mechanical Services, Inc.
(Name of Corporation)
P03000078888
(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. Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Andy Baumruk, CPA
(Typed or Printed Name)
•
Partner
(Capacity)
\cdot

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

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