P03000079779

- (0,	equestor's Name)	
(Re	equestors Name)	
· ,		
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	·	
(Do	cument Number)	
(·	
Cartified Conies	Cartification	of Ctatus
Certified Copies	_ Certificates	or Status
Special Instructions to Filing Officer:		
:		
	•	j
·		



600077043506

07/10/06--01021--022 **87.50

FILED

06 JUL 10 AM 10: 04

GLUGE TARY OF STATE

TALLAHASSEE, FLORIDA

Office Use Only

A NA

COVER LETTER

	sion of Corporations			
SUBJECT:	Home Services Experts, Inc.	,		
•	(Name of Corporation)			
DOCUMEN	NT NUMBER: P0300007977	9		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi				
Please return	all correspondence concerning	this matter to the following:		
Jerry Kedz	zie	•		
	(Name of Person)	•		
	·			
	(Name of Firm/Company)			
6010 Nativ	re Woods Drive			
	(Address)			
Tampa, Flo	orida 33625			
	(City/State and Zip Code)	····		
For further in	nformation concerning this matte	er, please call:		
Jerry Kedzi	ie	at (813) 376-6542		
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	i09,		
Florida Statutes, the undersigned, Jerry Kedzie		_	
(Name of Registered Agent)			
hereby resigns as Registered Agent for Home Services Experts, Inc.			
(Name of Corporation)		 7	
P03000079779			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	n address.		
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	ECRETARY LCRETARY		
If signing on behalf of an entity:	AH IO: O4	Ö	
(Typed or Printed Name)			
(Capacity)			

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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