P03000091819

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

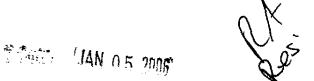
Office Use Only



000062379370

12/27/05--01038--018 **87.50

OS DEC 27 PM 1: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bristol Kitchen & Bath, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P03000091819</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:
Gary Thos (Name of Person)
(Name of Firm/Company)
(Name of Finite Company)
6860 NW 21St Perrace
Ft. Lauderdale, FL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
Gary Innes at (954) 605-7562 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,
Florida Statutes, the undersigned, Gary T. Innes
(Name of Registered Agent)
hereby resigns as Registered Agent for Bristo Kitchen and Both In (Name of Corporation)
P03000091819
(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)
If signing on behalf of an entity:
(Typed or Printed Name)
Registered Agent / D (Capacity) Registered Agent / D Registered Agent / D Registered Agent / D
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

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

withdrawn corporation