## P03000092200

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(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
, (C	ity/State/Zip/Phone #)	
PICK-UP	WAIT ·	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FI ORIDA

APPROVED AND FILED

P.A. Lesy C. Couttiette SEP 2 6 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Sellstate Allstars Inc. (Name of Corporation)		
DOCUMENT NUMBER: P03000092200		
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:		
George R. Tomasi (Name of Person)		
Sunshine Title (Name of Firm/Company)		
4419 Del Prado Blvd., Suite 3 (Address)		
Cape Cord, FL 33904 (City/State and Zip Code)		
For further information concerning this matter, please call:		
George R. Tomasi at (239) 549-9066 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	509,
Florida Statutes, the undersigned, George R. Tomasi (Name of Registered Agent)	
hereby resigns as Registered Agent for Sellstate Allstats In (Name of Corporation)	<u>C.</u> ,
P0300092200 (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 this statement is filed.	ı which
(Signature of Resigning Agent)	O7 SEP SECRETATALLAHA
If signing on behalf of an entity:  GEORGE R TOMAS!  (Typed or Printed Name)	PPROVE AND FILED 21 PHI 21 PHI 28 SSEE, FL
(Typed or Printed Name)	PHIZ: 09  OF STATE  FLORIDA

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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