

P03000093008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

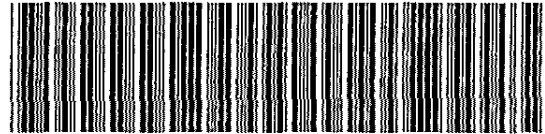
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Sandy/Sanfra Raphael GAVE  
AUTHORIZATION BY PHONE TO Fix Corp. Name  
CONTACT Sandy & Sanfra are  
DATE 12/22/04 One & the  
WOL. EXAM. D Connett Same Person

Office Use Only



200043385942

12/17/04--01008--017 \*\*35.00

FILED  
04 DEC 17 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign.  
12/22/04  
DC

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SANDCASTLES INC OF CENTRAL FLORIDA  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 3000093008

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:

WALTER C. LOVETT, SR

(Name of Person)

SANDCASTLES INC OF CENTRAL FLORIDA

(Name of Firm/Company)

P. O. Box 560212

(Address)

Orlando, Florida 32856

(City/State and Zip Code)

For further information concerning this matter, please call:

Walter C. Lovett, Sr.

(Name of Person)

at ( 407 ) 716-8161

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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, Sanfra Raphael a/k/a Sandy Raphael  
(Name of Registered Agent)

hereby resigns as Registered Agent for Sandcastles, Inc., of Central Florida,  
(Name of Corporation)

PO 3000093008  
(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.

*Sandra Raphael*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

*Sanfra Raphael*  
(Typed or Printed Name)

*Registered Agent & Secretary*  
(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

FILED  
04 DEC 13 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA