

PD3000093224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

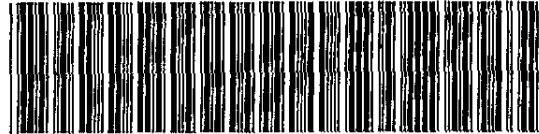
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100058585671

08/22/05--01030--005 **37.50

FILED
05 AUG 26 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten: 8-26-05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BODY EMPORIUM INC
(Name of Corporation)

DOCUMENT NUMBER: P03000093224

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:

NANCY S PUTZAN

(Name of Person)

(Name of Firm/Company)

316 MONCEAUX RD

(Address)

WEST PALM BEACH FL 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY S PUTZAN

(Name of Person)

at (561) 833-0889

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for THE BODY EMPORIUM, INC.

(Name of Corporation)

P03000093224

(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.

Nancy Putzan

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 26 PM 1:13

FILED

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withdrawn corporation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