P0300098831

(Requestor's Name)				
(Address)				
(100.23.7)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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. (Business Entity Name)				
(Document Number)				
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1/3 1/30/04 NA Wes.

TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations					
SUBJI	ECT: FIL-AM	MANPOWER ADVOCA	ATES, INC.			
(Name of Corporation)						
DOCU	MENT NUMBER:	P03000098831				
The en	closed Resignation of Registe	ered Agent for a Corporati	ion and fee are submitted for filing.			
Please	return all correspondence cor	ncerning this matter to the	following:			
	Alex C. Dela Cru	z, Sr.				
•	(Name of Person	on)				
	Fil-Am Manpower Adve	ocates, Inc.				
	(Name of Firm/Cor	mpany)	-			
	4125 Ruby Drive Wes	st				
	(Address)					
Jacksonville, Florida 32246						
(City/State and Zip Code)						
For fur	ther information concerning t	his matter, please call:				
	Alex C. Dela Cruz, Sr.	at (904)	641-4368 Daytime Telephone Number)			
	(Name of Person)	(Area Code &	Daytime Telephone Number)			
Enclose or \$35.	ed is a check made payable to 00 for an administratively dis	o the Florida Department of solved, voluntarily dissol	of State for \$87.50 for an active corporation wed or withdrawn corporation.			
Amend Division P.O. Bo	g Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	· - · · · · · · · · · · · · · · · · · ·			

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

...

FILED
04 JUL 28 PM 3: 38

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617(1509) S	Y UF STATE	
Florida Statutes, the undersigned,	Belle B. Almojera		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	Fil-Am Manpower Advocates, Inc.	_	
	(Name of Corporation)		
P03000098831			
(Document Number, if known)	節 Hindu California (Alberta California)	*	
A copy of this resignation was mailed to	the above listed corporation at its last known address	3 S.	
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the date on which		
Bello B	nature of Resigning Agent)		
If signing on behalf of an entity:	·		
N/A			
(1	yped or Printed Name)	1 - Weber =	
N/A			
	(Capacity)	. 4 4 1 .	

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