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	Amendment Section	
	Division of Corporations	
SUBJE	ECT: MIGNON ENTERPRISES, INC.	
	(Name of Corporation)	
DOCU.	JMENT NUMBER: P03000104961	
The end	closed Resignation of Registered Agent for a Corporation and fee are	submitted for filing
Please 1	return all correspondence concerning this matter to the following:	
Sidne	ey M. Nowell, Esq.	
- 1	(Name of Person)	
Nowe	ell & Associates, P.A.	
	(Name of Firm/Company)	
P.O. I	Box 819; 1100 East Moody Blvd.	
**************************************	(Address)	
Bunne	nell, FL 32110	
	(City/State and Zip Code)	
For furt	rther information concerning this matter, please call:	
Sidne	ey M. Nowell at (386) 437-1668 (Name of Person) at (386) Avytime Telep	
	(Name of Person) (Area Code & Daytime Tele	phone Number)

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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned, _	Sidney M. Nowell	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for Mignon Enterprises, Inc.	,
, , , ,	(Name of Corporation)	
P03000104961		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last k	nown address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the da	ite on which
fid, m	(Signature of Resigning Agent)	_
If signing on behalf of an entity:		
	(Typed or Printed Name)	2000 AUG 14 SECRETARY TALLAHASS
····	(Capacity)	PH 2: 00
Fee for 1	filing this document:	RIDA RIDA

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation