P03000107617

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	, -/ *
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		ļ

Office Use Only



600056241626

06/20/05--01022--005 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

12:43 N

R.A. Resignation W

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RITCH HODINGS TRUST CORP (Name of Corporation)
DOCUMENT NUMBER: 2000107617
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:
(Name of Person) Clifford M. King
(Name of Person) Clifford M. King P.O. Box 2704
(Name of Firm/Company) Sarasota, FL 34230
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 952-6990 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT 1005 JUN 20 PM 2: 43 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CLIFFORT WKING (Name of Registered Agent)
hereby resigns as Registered Agent for Rirch Holdings Trost Corp., (Name of Corporation)
P03000107617 (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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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