

P03000115367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

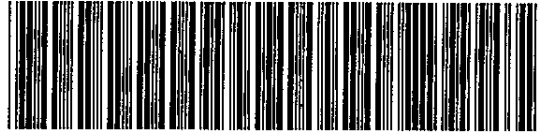
(Business Entity Name)

(Document Number)

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ENTER ON  
4-4-06

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** XXX CUSTOM CYCLES  
(Name of Corporation)

**DOCUMENT NUMBER:** P03 000115367

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:

Janine Candido  
(Name of Person)

XXX CUSTOM CYCLES INC  
(Name of Firm/Company)

29 Colechester Lane  
(Address)

Palm Coast FL 32137  
(City/State and Zip Code)

For further information concerning this matter, please call:

Janine Candido at (386) 986 9540  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**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, Janine Candido

(Name of Registered Agent)

hereby resigns as Registered Agent for XXX Custom Cycles Inc.

(Name of Corporation)

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(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.

Janine Candido  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Janine Candido  
(Typed or Printed Name)

Registered Agent / President  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR -4 AM 8:27

FILED

\* I was TOLD BACK in Sept 05 if I took myself off as officer I  
no longer had any connection to this corporation. If I need  
to do anything else  
please call 386 986 9540

**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