Po3000127351

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	₩ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Alsignation

02/18/08--01028--003 **35.00

SECRETARY OF STATE

ADR 219108

COVER LETTER

TO: Amendment Section Division of Corporati		and the section of the section of the section of
211.5.0.10. 00.40.10.	•	न अपने पेत जाना है। यह अन्यापुर
SUBJECT:	Trebcor Marketing, Ir	nc.
	(Name of Corp	poration)
DOCUMENT NUMBER:_	P03000127351	
The enclosed Resignation of	Registered Agent for a Co	rporation and fee are submitted for filing.
Please return all corresponde	nce concerning this matter	to the following:
Raymond L. Schumann		
(Name	of Person)	
Schumann Law Group, P	.A.	
(Name of F	irm/Company)	
3451 Bonita Bay Bouleva	ird, Suite 200	
(Ac	ldress)	
Bonita Springs, Florida 3	4134	
(City/State	and Zip Code)	
For further information conce	erning this matter, please o	call:
Raymond L. Schumann	at (239	9) 949-4529
	on) (Area	Code & Daytime Telephone 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

RESIGNATION OF REGISTERED AGENT ₀₀₈ FEB 18 FOR A CORPORATION SECRETARY AM 11:
RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
TALLERETAR AM 11:
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1909, $F_{F_{1},F_{2},F_{3},F_{4},F_{5},F_{$
Florida Statutes, the undersigned, Raymond L. Schumann (Name of Registered Agent)
hereby resigns as Registered Agent for Trebcor Marketing, Inc. (Name of Corporation)
P03000127351
(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:
Raymond L. Schumann
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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