P03000/32/89

(Requestor's Name) . (Address)	800161795438
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/19/0901027013 **87.50
(Business Entity Name)	e de la companya del companya de la companya del companya de la co
(Document Number)	TALL TALL
Certified Copies Certificates of Status ***	FILED 7009 OCI 19 A SECRETARY OF S ALLAHASSEE, FL
Special Instructions to Filing Officer:	A & 31 OF STATE FLORIDA

A Resign Neuro 10-20-09

Office Use Only

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: Ralph Locke Construction Inc. (Name of Corporation)	
DOC:	UMENT NUMBER: P03000132189	
	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin	g.
	e return all correspondence concerning this matter to the following:	
Ralp	ph Locke	
 -	(Name of Person)	
N/A		٠.
	(Name of Firm/Company)	
314	11 Hill Dr.	
	(Address)	
Dela	and,Fl.,32720	
	(City/State and Zip Code)	
For fi	urther information concerning this matter, please call:	
Ralp	at (352) 669-1803	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

7009 OCT 19 A 8: 31

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.15@SECRETARY OF STAT
Florida Statutes, the undersigned, Ra	Iph Locke
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Ralph Locke Construction Inc.
,	(Name of Corporation)
P03000132189	
(Document Number, if known)	
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which 06-01-09 gnature of Resigning Agent)
If signing on behalf of an entity:	
	Typed or Printed Name)
	(Canacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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