P03000132285

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
. (Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200044040732

03/11/10-01002-005 **\$7 50

OS JAN 14 AM 9: 02

OS JAN 14 AM 9: 02

SCENTIANTY OF STATE

SET ANASSEE, FLORE

P03,111,212

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Builders Referral Management, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P03000132285
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:
Nancy Reynolds, CPA
(Name of Person)
Reynolds & Associates CPAs, P.A.
(Name of Firm/Company)
8955 Fontana Del Sol Way
(Address)
Naples, Florida 34109
(City/State and Zip Code)
For further information concerning this matter, please call:
Nancy Reynolds at (239) 593-6006 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E046(11/02)

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, Nancy Reynolds, CPA (Name of Registered Agent)
hereby resigns as Registered Agent for Builders Referral Management, Inc. (Name of Corporation)
P03000132285
(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.
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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