3000/3

| (| Requestor's Name) | | | |
|---|-------------------------|--|--|--|
| (| Address) | | | |
| (| Address) | | | |
| | City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (| Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



900196709199

03/11/11--01009--007 **35.00

COVER LETTER

| Division of | Corporations | | |
|---|--|----------------------------|--|
| SUBJECT: | POWER STONE | , INC. (Name of Corpora | (ion) |
| | 50000 | • | uion) |
| DOCUMENT NU | MBER: P0300 | 00134844 | |
| The enclosed Resignation | gnation of Registered | Agent for a Corpor | ration and fee are submitted for fi |
| Please return all co | orrespondence concert | ning this matter to t | the following: |
| TIMOTHY J CA | RGILE | | |
| | (Name of Person) | | _ |
| POWER STON | E, INC,. | | |
| | (Name of Firm/Compar | ny) | _ |
| 3929 20TH ST | REET WEST | | |
| | (Address) | | _ |
| LEHIGH ACRES | S, FL 33971 | | |
| | (City/State and Zip Cod | de) | _ |
| For further informa | ation concerning this i | matter, please call: | |
| TIMOTHY J. CA | RGILE | at (239 | 415-3805 |
| (Na | ime of Person) | | le & Daytime Telephone Number) |
| Enclosed is a check or \$35.00 for an ac | k made payable to the Iministratively dissoly | : Florida Departmer | nt of State for \$87.50 for an active solved or withdrawn corporation. |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

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 | 7.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|--|--|--------------|
| Florida Statutes, the undersigned,LAU | JRA OLSZEWSKI & ASSOCIATES, PA (Name of Registered Agent) | |
| . • | - | .4 |
| hereby resigns as Registered Agent for _ | (Name of Corporation) | |
| | (name of Corporation) | |
| P03000134844 | | |
| (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 the state of Resigning Agent) | |
| If signing on behalf of an entity: | | - |
| L. 0182 | | TARY OF SINK |

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