

P03000145690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

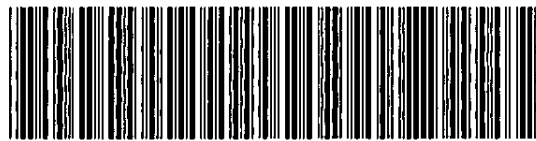
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900142980219

Resignation
of RA

02/16/09--01007--008 **35.00

2009 FEB 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For
2/17/09

LAW OFFICES OF
DEAN HANEWINCKEL, P.A.

(941) 473-2828
FAX (941) 473-2868
INFO@DEAN-LAW.COM

2650 SOUTH McCALL ROAD, SUITE E
ENGLEWOOD, FLORIDA 34224

February 13, 2009

Amendment Section
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: American Trust Cape Haze Partners, Inc.
Document No. P03000145690

Dear Sir/Madam:

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to:

Dean Hanewinckel
Law Offices of Dean Hanewinckel, P.A.
2650 South McCall Road, Suite E
Englewood, Florida 34224

For further information concerning this matter, please call Dean Hanewinckel at (941) 473-2828.

Enclosed is a check made payable to the Florida Department of State for \$35.00 for a voluntarily dissolved corporation.

Sincerely,



Dean Hanewinckel

DH/dl
Enclosures

FILED

RESIGNATION OF REGISTERED AGENT

FOR A CORPORATION 2009 FEB 16 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Dean Hanewinkel

(Name of Registered Agent)

hereby resigns as Registered Agent for American Trust Cape Haze Partners, Inc.

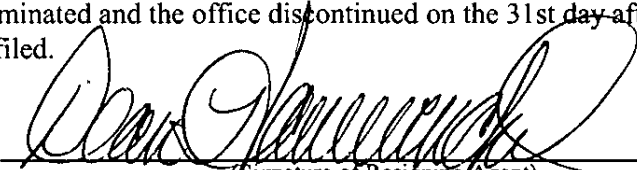
(Name of Corporation)

P03000145690

(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:

~~Dean Hanewinkel~~ Not applicable
(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