# P03000/52030

(Demonstrate Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

RA-Resign



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2007

BRANDON J. RAFOOL BRANDON J. RAFOOL, L.L.C. POST OFFICE BOX 7286 WINTER HAVEN, FL 33883-7286

SUBJECT: SHARP SERVICES OF CENTRAL FLORIDA, INC.

Ref. Number: P03000152030

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Doeument Specialist

Letter Number: 307A00003728

## BRANDON J. RAFOOL, L.L.C.

ATTORNEY AT LAW

Brainden J. Rafool



1519 Third Street, S.E. Winter Haven, Florida 33880 www.rafool.com

January 5, 2007

Post Office Box 7286 Winter Haven, Florida 33883-7286 Telephone: (863) 299-3339 Telecopier: (863) 295-9702

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

RE: SHARP SERVICES OF CENTRAL FLORIDA, INC.

Dear Sir or Madam:

Enclosed please find the original Resignation of Brandon J. Rafool as Registered Agent, and Resignation of Albert Cross as Officer and Director, together with my firm's check in the amount of \$35.00 for filing.

Thanking you in advance for your assistance in this matter.

Sincerely,

Brandon J. Rafool

BJR:uic Enclosures

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections ou	_ ` ` / ′	. , ,		•	509,
Florida Statutes, the undersigned,	Brande	Name of Regis	Ra Co		<del></del>
hereby resigns as Registered Agent for _	5 hau p	Services	af	Central	Florida Tux.
	(Name of Corporation)				
P03000152030	_				
(Document Number, if known)		•			
A copy of this resignation was mailed to	the above lis	ted corporati	on at i	ts last know	n address.
The agency is terminated and the office d this statement is filed.  (Sign	liscontinued of Rosign	hu	ay afte	er the date of	n which
If signing on behalf of an entity:					
	·				OJ SE( TALL
(Ty	yped or Printed	Name)	· · · · · · · ·		07 JAN 24 SECRETARY ( LLAHASSEE
	(Capacity)	)			PH 4: 4  OF STATE  FLORID

### 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