P03000153722

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nam	e)
(Docum	ent Number)	
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SECRETARY OF STATE

T. Resides NOV 212001

COVER LETTER

William Creel	(Name of Person) at (321) 299-5568 (Area Code & Daytime Telephone Number)
For further infor	mation concerning this matter, please call:
	(City/State and Zip Code)
Orlando, FL 3	2826
	(Address)
14157 Louisv	_
	(Name of Firm/Company)
Glory Bound	-
	(Name of Person)
Jeanette Cree	el
Please return all	correspondence concerning this matter to the following:
The enclosed Re	esignation of Registered Agent for a Corporation and fee are submitted for filing
DOCUMENT I	NUMBER: P03000153722
	(Name of Corporation)
SUBJECT: Glo	ory Bound Roofing, Inc.
Division	•

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Jeanette Creel	S THEO
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	14/
Florida Statutes, the undersigned, Jeanette Creel	S. J.
(Name of Registered Agent)	2
hereby resigns as Registered Agent for Glory Bound Roofing, Inc.	OA
(Name of Corporation)	
P03000153722	
(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.	
Jeantle O Cuel (Signature of Resigning Agent)	
If signing on behalf of an entity:	
William Creel	
(Typed or Printed Name)	
Operations to President	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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