P03000 153916

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COVER LETTER

10:	Division of Corporations		
SUBJ	ECT: SWISHER & CO		
		(Name of Corporation	on)
DOC	UMENT NUMBER: <u>P030</u>	00153916	
The e	nclosed Resignation of Regist	ered Agent for a Corpora	tion and fee are submitted for filing.
Please	e return all correspondence co	ncerning this matter to th	e following:
	JAMES E. ALBERTELLI,	ESQ.	
	(Name of Pers	ion)	
	ALBERTELLI LAW		
	(Name of Firm/Co	ompany)	
	208 N LAURA STREET	, SUITE 900	
	(Address)		
	JACKSONVILLE, FLORI	DA 32202	
(City/State and Zip Code)		772 CA	
For fu	orther information concerning	this matter, please call:	
JESS	SICA J. FAGEN, ESQ	at (904	356-4755
	(Name of Person)	(Area Code	356-4755 & Daytime Telephone Number)
Enclo or \$35	sed is a check made payable t 5.00 for an administratively di	o the Florida Department ssolved, voluntarily disso	of State for \$87.50 for an active corporation lived or withdrawn corporation.
Amen Divisi Clifto 2661	de Address: dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	as

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Same of the following the first

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607	7.0502(2), 617.0502(2), 607.1509, c	r 617.1509,	
Florida Statutes, the undersigned,	ALBERTELLI & HALSEMA, P.I. (Name of Registered Agent)		
hereby resigns as Registered Agent for _	SWISHER & COMPANY, INC. (Name of Corporation)		
P03000153916			
(Document Number, if known)	-		
A copy of this resignation was mailed to	the above listed corporation at its la	st known address.	
The agency is terminated and the office d this statement is filed.	liscontinued on the 31st day after the	e date on which	
	<u> </u>		
(Sign	ature of Resigning Agent)		
If signing on behalf of an entity:		SI TAL	
	ES E. ALBERTELLI	9 AP	
(Ty	yped or Printed Name)	FIL ARY SSEE	
	Title MGR /ATTOKNEY	ED PED PFLOR FLOR	
	(Capacity)	9. 6. 7. 7. 7. 7.	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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