

P040000001514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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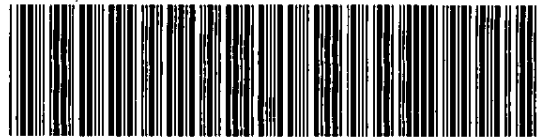
(Business Entity Name)

(Document Number)

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RA
resignation

01/28/09--01020--005 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 28 PM 3:14

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AOR
2/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wholesale Carpet & Tile Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04006001514

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caryn Lucci
(Name of Person)

WAL Wholesale Flooring Center, Inc
(Name of Firm/Company)

5606 NW 106 Ave
(Address)

Coral Springs, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

Caryn Lucci at (954) 344-5791
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, _____

Caryn Lucci
(Name of Registered Agent)

hereby resigns as Registered Agent for _____

Wholesale Carpet & Tile Center
(Name of Corporation)

Inc

PB4000001514
(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

Caryn Lucci
(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withdrawn corporation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