

P040000006074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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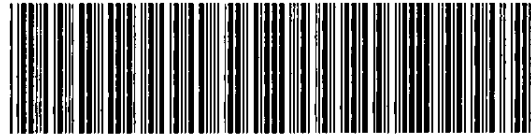
(Business Entity Name)

(Document Number)

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RA Resignation

FILED  
2011 MAY 10 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
5/19/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT: A Perfect Flooring Company**

(Name of Corporation)

**DOCUMENT NUMBER:** P04000006074

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

Floyd M. Shiver

(Name of Person)

(Name of Firm/Company)

1434 Orange Circle South

(Address)

Orange Park, Florida 32073

(City/State and Zip Code)

For further information concerning this matter, please call:

**Floyd M. Shiver**

(Name of Person)

at ( 904 ) 576-5799

(Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**FILED**

**2011 MAY 10 PM 3:59**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1506, **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
Florida Statutes, the undersigned, Floyd M. Shiver  
(Name of Registered Agent)

hereby resigns as Registered Agent for A Perfect Flooring Company, Inc.  
(Name of Corporation)

P04000006074

(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:

Floyd M. Shiver

(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**