

PO# 000 064639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700079852637

09/27/06--01013--001 \*\*70.00

FILED

06 SEP 27 PM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA  
Rakesign

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** H & M Distribution, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000006639

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:

David C. Lanigan

(Name of Person)

David Lanigan, P.A.

(Name of Firm/Company)

10927 N. 56th St.

(Address)

Tampa, FL 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 813 ) 983-0655  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, David C. Lanigan, J.D., LL.M

(Name of Registered Agent)

hereby resigns as Registered Agent for H & M Distribution, Inc.

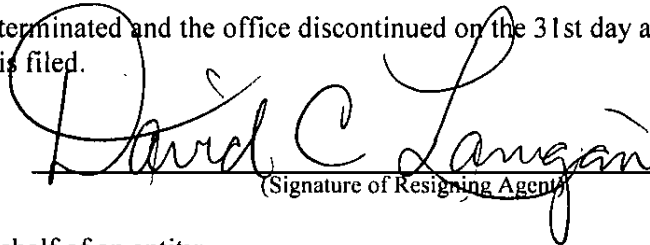
(Name of Corporation)

P04000006639

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
06 SEP 27 PM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**