

P04000010560

Fax

Apr 27 2010 11:01am P001/002
Page 1 of 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CARVER DARDEN
Account Number : I20070000116
Phone : (850) 266-2300
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: westfloridaback@yahoo.com

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2010 APR 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT RESIGNATION
SANTA ROSA WELLNESS SPA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date: 4/28/10

(((H10000099807 3)))

**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, MATTHEW C. HOFFMAN

(Name of Registered Agent)

hereby resigns as Registered Agent for SANTA ROSA WELLNESS SPA, PA

(Name of Corporation)

P04000010560

(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)

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withdrawn corporation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

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