PO4000011848

(Reque	stor's Name)				
(Addres	ss)				
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(City/St	ate/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
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(Docum	nent Number)				
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Certified Copies Certificates of Status					
Special Instructions to Filir	ng Officer:				





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APR 1 0 2010 T. LEMIZUX



COVER LETTER

	Amendment Section Division of Corporations			
SUBJEC	_{CT:} Stillwell Fence, lı	nc.		
	MENT NUMBER: P040000118	Name of Corpora	tion)	_
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f				
Please re	eturn all correspondence concerning	g this matter to	the following:	
Russ	sell Wade, Esq.			
	(Name of Person)		_	
	(Name of Firm/Company)		_	
P.O.	Box 172			
	(Address)		_	
Lake	Butler, FL 32054			
	(City/State and Zip Code)		-	
For furth	ner information concerning this mat	iter, please call:		
Russ	sell Wade	_{at (} 386	496-9656 e & Daytime Telephone Number	
	(Name of Person)	at ((Area Cod	e & Daytime Telephone Numbe	<u>r)</u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Michael Stillwell	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	Stillwell Fence, Inc.	
nereby resigns as Registered rigor	(Name of Corporation)	
P04000011848		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known ad	dress.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on wh	nich
Martine	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
	(Typed or Printed Name)	
	(Capacity) HASSET	
Fee for	filing this document:	
	- Active Corporation	
	- Administratively dissolved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation