P040000019400

(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

Cingo and



500056967815

07/14/05--01018--013 **157.50

OS JUL IL AN ID: 56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TIL 19 2005 PRESIS!

T Smul

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Water Environment Technicians Inc. (Name of Corporation) DOCUMENT NUMBER: Po 40000 19400
DOCUMENT NUMBER: Po 4 00 00 19400
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:
Robert Skinner
(Name of Person)
(Name of Firm/Company) W E T
UKLANDU FLA.32806
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert Skinner at (407) 765-0710 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. (included in check for \$7.50 encloses
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	09,
Florida Statutes, the undersigned, North Soft (Name of Registered Agent)	
hereby resigns as Registered Agent for Water Environment Technical (Name of Corporation)	idians, inc.
P04000 19400 (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 this statement is filed.	which
X Noscus (Signature of Resigning Agent)	
If signing on behalf of an entity:	
NORRI'S GOFF (Typed or Printed Name)	95 JUL 1 SECRETAR TALLAHASS
(Capacity) Fee for filing this document:	FILED UL 14 AN 10: 56 TARY OF STATE ASSEE 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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