## P04000024315

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	}
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Office Use Only



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06/21/05--01017--002 \*\*52.50

05/20/05--01008--012 \*\*35.00

DS JUN 24. PM 1:50

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: MY DADS CCS  (Name of Corporation)  DOCUMENT NUMBER: POY COOO 24315
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Plantiezi
(Name of Person)
(Name of Firm/Company)
5543 RIVA RIGGE IR.
DESTOY CHAPEL FL 33544 (City/State and Zip Code)
For further information concerning this matter, please call:    OSCON   Pan   1821   at (813)   994 - 5020
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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



## FLORIDA DEPARTMENT OF STATE Glena E. Hood Secretary of State

June 1, 2005

JOSEPH PIANTIERI 5543 RIVA RIDGE DR. WESLEY CHAPEL, FL 33544

SUBJECT: MY DAD'S ICES, INC. Ref. Number: P04000024315

We have received your document for MY DAD'S ICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

A balance of \$52.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 505A00038893

Carol Mustain Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 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, USEPH + WALLEY (Name of Registered Agent)
hereby resigns as Registered Agent for Mame of Corporation)
POYCOOZY315 (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.
Dept Frank
(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
Taliahassee, FL 32314