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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: SUWANNEE VALLEY PUMP AND WELL SERVICE, INC. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P04000037017 |
| 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: |
| TROY WADFORD |
| (Name of Person) |
| SUWANNEE VALLEY PUMP AND WELL SERVICE, |
| (Name of Firm/Company) |
| 9432 129th DRIVE |
| (Address) |
| LIVE OAK, FLORIDA 32060 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| TROY WADFORD at (386) 364 - 7657 (Name of Person) (Area Code & Daytime Telephone Number) |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2007 JUL 12 AM 8: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Pursuant to the provisions of sections 60 | 07.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|---|
| Florida Statutes, the undersigned, FR | ED J. HATFIELD, III |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | SUWANNEE VALLEY PUMP AND WELL SERV |
| , | (Name of Corporation) |
| P04000037017 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to | the above listed corporation at its last known address. |
| this statement is filed. | discontinued on the 31st day after the date on which |
| (Sig | gnature 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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