

P04000040552

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| (Red | questor's Name) | |
| (Add | dress) | |
| (Add | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates of Status | |
| | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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06/14/06--01022--010 **437.50



2006 JUN 14 PM 3: 20
SEURETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resegi

C. CoulHette JUN 1 4 2006

GAF TAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

| Art of Inc. File | |
|---------------------------------|--|
| | |
| LTD Partnership File | |
| | |
| Foreign Corp. File | |
| L.C. File | |
| Fictitious Name File | |
| Trade/Service Mark | |
| Merger File | |
| Art. of Amend. File | |
| RA Resignation | |
| Dissolution / Withdrawal | |
| Annual Report / Reinstatement | |
| Cert. Copy | |
| Photo Copy | |
| Certificate of Good Standing | |
| Certificate of Status | |
| Certificate of Fictitious Name | |
| Corp Record Search | |
| Officer Search | |
| Fictitious Search | |
| Fictitious Owner Search | |
| Signature Vehicle Search | |
| | |
| Requested by UCC 1 or 3 File | |
| | |
| Name Date Time UCC 11 Retrieval | |

Courier

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, <u>Capital Connection</u> , <u>Inc.</u> (Name of Registered Agent) | |
| rereby resigns as Registered Agent for Southern Home Respiratory of (Name of Corporation) | |
| P0400040552 (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 his statement is filed. | |
| Leilane White (Signature of Resigning Agent) | |
| if signing on behalf of an entity: | ξ. |
| Leilani White | |
| (Typed or Printed Name) | |
| Registered Agent Coordinator | |
| (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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