P.04000043297

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. St. Wess OCT 18 2005

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Daniel Sanchez Paint	(Name of Corporation)
DOCUMENT NUMBER: P0400	0043297
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
David W. Quadrozzi, EA (Name of Person	on)
(Name of Firm/Cor	npany)
1108 Eleuthera Dr NE	TAS 05
(Address)	OCT OCT
Palm Bay, FL 32905-4417	Code)
(City/State and Zip For further information concerning t	· 유 호
David W. Quadrozzi, EA (Name of Person)	at (321) 676-5101 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

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, David W. Quadrozzi, EA (Name of Registered Agent)		
hereby resigns as Registered Agent for Daniel Sanchez Painting, Inc (Name of Corporation)		
P04000043297		
(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. (Signature of Resigning Agent)		-
If signing on behalf of an entity:	050	
David W. Quadrozzi, EA (Typed or Printed Name)	CT 13 P	FILED
	TARY OF STATE	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)