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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nai | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations |
|--------|---|
| | • |
| SUBJ | ECT: FOREVER US, INC. |
| | (Name of Corporation) |
| OCI | UMENT NUMBER: H04000053918 |
| he e | nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| Davi | id A Lemar Jr |
| Davi | (Name of Person) |
| | · |
| Han | na, Lemar & Morris CPAs PA |
| | (Name of Firm/Company) |
| 6508 | B E Fowler Ave |
| | (Address) |
| Tam | pa, FL 33617 |
| | (City/State and Zip Code) |
| or fu | rther information concerning this matter, please call: |
| David | d A Lemar Jr at (813) 985-1148 Ext 102 |
| | (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 | s 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|---|--|---|
| Florida Statutes, the undersigned, | David A Lemar Jr | |
| | (Name of Registered Agent) | |
| hereby resigns as Registered Agent | or FOREVER US, INC. | |
| | (Name of Corporation) | |
| H04000053918 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed | d to the above listed corporation at its last known address. | |
| The agency is terminated and the off this statement is filed. | ice discontinued on the 31st day after the date on which | - |
| THAT! | (Signature of Resigning Agent) | _ |
| If signing on behalf of an entity: | AH 8: 26 | ÷ |
| | (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