

P04 0000 4 9895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

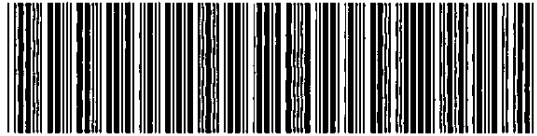
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000142776280

02/05/09--01004--013 **35.00

RA Res
006
2/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2009

EUGENE R. CLARKE
BREVARD TREE MOVERS, INC.
502 COLONY STREET
MELBOURNE BEACH, FL 32951

SUBJECT: BREVARD TREE MOVERS, INC.
Ref. Number: P04000049895

We have received your document for BREVARD TREE MOVERS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to resign as registered agent of an inactive corporation is \$35.

FEES TO RESIGN AS REGISTERED AGENT AND TO RESIGN AS OFFICER/DIRECTOR ARE SEPARATE - \$35.00 EACH. PLEASE ACCEPT MY APOLOGIES FOR NOT MAKING THIS CLEAR IN THE FIRST LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 609A00003082

For #

NOTED: The document was received on 1/28/09. The document was not processed because it was not accompanied by the required fee. The document was returned to the sender on 2/2/09. The sender was notified by email on 2/2/09. The document was not processed because it was not accompanied by the required fee. The document was returned to the sender on 2/2/09. The sender was notified by email on 2/2/09.

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

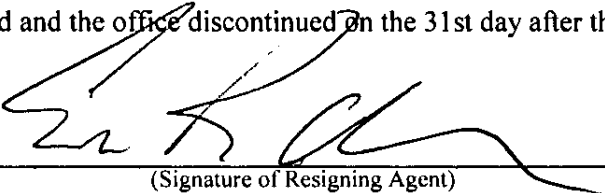
Florida Statutes, the undersigned, Eugene R. Clarke
(Name of Registered Agent)

hereby resigns as Registered Agent for Brevard Tree Movers, Inc.
(Name of Corporation)

P04000049895
(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:

(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