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SECRETARY OF STATE
AFFAHASSEE FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SCREEN MASTERS OF AMERICA INC.
DOCUMENT NUMBER: PO 4000 5418/
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:
SHAWN SEELY
(Name of Person)
(Name of Firm/Company)
8/54 SE ORCHARD TER
HOBE SOUND FL 33455 (City/State and Zip Code)
For further information concerning this matter, please call:
SHAWN SEELY at (772) 263-6702  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

hereby resigns as Registered Agent for SCREEN MASTERS OF AMERICA (Name of Corporation)  PO40005418/ (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)	Pursuant to the provisions of sections 6	607.0502(2), 617.0	502(2), 607.1509, o	r 617.1509,	• •
hereby resigns as Registered Agent for SCREEN MASTERS OF AMERICA, TNO (Name of Corporation)  PO40005418/ (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)  (Typed or Printed Name)  (Typed or Printed Name)  (Capacity)  Fee for filling this document:  \$87.50 - Active corporation	Florida Statutes, the undersigned,	SHAW~	SEELY		
(Capacity)  Per for filing this document:  (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)  (Typed or Printed Name)  (Capacity)  (Capacity)  Pee for filing this document:  \$87.50 - Active corporation		(Nar	ne of Registered Agent)		
(Capacity)  Per for filing this document:  (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)  (Typed or Printed Name)  (Capacity)  (Capacity)  Pee for filing this document:  \$87.50 - Active corporation	hereby resigns as Registered Agent for	SCREEN	MASTERS	OF AME	FRICAILNO
(Capacity)  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)  (Typed or Printed Name)  (Capacity)  (Capacity)  Fee for filing this document:  \$87.50 - Active corporation		(I)	ame of Corporation)		
(Capacity)  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)  (Typed or Printed Name)  (Capacity)  (Capacity)  Fee for filing this document:  \$87.50 - Active corporation	P04000054181				
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)  (Capacity)  Fee for filing this document:  \$87.50 - Active corporation					•
(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	A copy of this resignation was mailed t	to the above listed	corporation at its las	st known addres	S.
(Capacity)    Capacity   Fee for filing this document: \$87.50 - Active corporation   Table 1   1   23   3   4   1   23   2   3   4   1   2   2   3   4   1   2   3   4   4   4   4   4   4   4   4   4	The agency is terminated and the office this statement is filed.	Seely		date on which	
(Capacity)  FILED  Fee for filing this document: \$87.50 - Active corporation	(Si If signing on behalf of an entity:	ignature of Resigning	Agent)		
(Capacity)  SEE FLOR AND STATE 23  Fee for filing this document: \$87.50 - Active corporation	(	(Typed or Printed Nar	ne)	<u> </u>	
•	<u> </u>	g this document:	·	ARY OF STA	
		•	olved/voluntarily dis	ssolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation