P04000058778

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Address) | | |
| (Address) | | |
| (Cit | y/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



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08/20/09--01059--017 **87.50



PA Resign. 8-24-09 De

COVER LETTER

| Division of Corporations | |
|--|---------|
| SUBJECT: Food Strategy, Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: P04000058778 | |
| 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: | |
| Allan Kulick | |
| (Name of Person) | |
| Food Strategy, Inc. | |
| (Name of Firm/Company) | |
| 7187 Southport Drive | |
| (Address) | |
| Boynton Beach, FL 33472 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Allan Kulick at (561) 735-9266 | |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|--|---|
| Florida Statutes, the undersigned,All | an Kulick |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | Food Strategy, Inc. |
| | (Name of Corporation) |
| P04000058778 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to | o the above listed corporation at its last known address. |
| The agency is terminated and the office | discontinued on the 1st day after the date on which |
| this statement is filed. (Si | gnature of Resigning Agent) |
| If signing on behalf of an entity: | |
| | (Typed or Printed Name) |
| ···· | (Capacity) |
| | 32.3 |

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