P0400061095

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		į

Office Use Only



900253551669

11/08/13--01029--013 **35.00

13 NOV -8 PM 1: 31
SECKETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: RIGAUD & ASSOCIATES, P.A.			
(Name of Corporation) DOCUMENT NUMBER: P04000061095			
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:			
Charles Gamble (Name of Person)			
K&L Gates LLP (Name of Firm/Company)	SECRET	13 NOV	<u></u>
200 S. Biscayne Blvd., Suite 3900 (Address)	₽ >	-8 PH	
Miami, FL 33131 (City/State and Zip Code)	STATE	1:31	*****
For further information concerning this matter, please call:			
Charles Gamble 305 539-3307	_		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, William J. Spratt, Jr.
(Name of Registered Agent)
hereby resigns as Registered Agent for RIGAUD & ASSOCIATES, P.A.
(Name of Corporation)
P04000061095
(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.
Wanom
(Signature of Resigning Agent) If signing on behalf of an entity:
Tuned on Bristed Name)
(Typed of 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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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