

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100250169561

08/09/13--01003--010 **35.00

RAPES

AUG 14 2013 R. WHITE ASSERTATION OF PROFILE

:1 Hd 6- 904

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: All About Seawalls, Inc.	
(Name of Corporation DOCUMENT NUMBER: P0400078281	ion)
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Stephen F. Voigt	
(Name of Person)	•
Voigt Law Group, P.A.	
(Name of Firm/Company)	
2042 Bee Ridge Road	_
(Address)	
Sarasota, FL 34239	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Stephen F. Voigt at 941	925-2324
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ecutive Center Circle 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, Stephen F. Voigt, Esq.
(Name of Registered Agent)
hereby resigns as Registered Agent for All About Seawalls, Inc.
(Name of Corporation)
P04000078281
(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:
Stephen F. Voigt
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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