(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business chury Marie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900179960279

05/18/10--01019--015 **87.50

P.A. Resign.

MAY 20 2010

COVER LETTER

CANDAD OF SEVEN HILLS KIDS INC	
SUBJECT: SEVEN HILLS KIDS, INC. (Name of Corporation)	
DOCUMENT NUMBER: P04000088398	
	no cultural for filing
The enclosed Resignation of Registered Agent for a Corporation and fee a	re submitted for ming.
Please return all correspondence concerning this matter to the following:	
Kim M. Stanfield	
(Name of Person)	
The Hogan Law Firm	
(Name of Firm/Company)	
20 So. Broad Street	
(Address)	
Brooksville, Florida 34601	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kim M. Stanfield at (352) 799-8423	
(Name of Person) (Area Code & Daytime Tel	ephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 prov	isions of sections 60	77.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the	undersigned, TH	E HOGAN LAW FIRM, LLC (Name of Registered Agent)	
hereby resigns as R	egistered Agent for	SEVEN HILLS KIDS, INC. (Name of Corporation)	,
P04000088398			
(Document Nu	mber, if known)		
A copy of this resig	nation was mailed to	the above listed corporation at its last known	own address.
The agency is termi this statement is file		discontinued on the 31st day after the date	on which
	Delivas	l Her	
	(Sig	nature of Resigning Agent)	2
If signing on behalf	of an entity:		ZOIG HAY TALLARE
; !	DEBORAH HOGA	Me Color Tity	TASS I
	(7	Typed or Printed Name)	Fig I
: :	MANAGER		E.FLORIE
		(Canacity)	<u> </u>

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withdrawn corporation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