Division of Corporations

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number: I2000000291 Phone : (407)847-7466

Fax Number : (407)847-6641

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REGISTERED AGENT RESIGNATION CENTURY MECHANICAL SERVICES, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Century Mechanical Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P04000090985
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:
Candy McDonah
(Name of Person)
Swart Baumruk & Company LLP
(Name of Firm/Company)
1101 Miranda Lane
(Address)
Kissimmee, FL 34741
(City/State and Zip Code)
For further information concerning this matter, please call:
Candy McDonah (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
(is supplied to the su

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	isions of sections 607.0302(2), 617.0302(2), 607.1309, 61 617.1309,
Florida Statutes, the	undersigned, Swart Baumruk & Company LLP
	(Name of Registered Agent)
herehv resions as Re	gistered Agent for Century Mechanical Services, Inc.
notedy resigns do rec	(Name of Corporation)
P040000909	985
(Document Nur	nber, if known)
A copy of this resign	nation was mailed to the above listed corporation at its last known address.
The agency is terming this statement is file	nated and the office discontinued on the 31st day after the date on which d.
	(Signature of Resigning Agent)
If signing on behalf	of an entity:
A	Andy Baumruk, CPA
_	(Typed or Printed Name)
F	Partner
_	(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
Tullahassee, FL. 32314

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