P04000095805

(Re	questor's Name)	-
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nar	me)
(DG	Siness Littly Hai	ille)
(D ₂	cument Number)	
00)	cument Number)	l
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

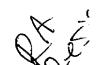
Office Use Only



600061332626

11/14/05--01027--002 **87.50

OS NOV 14 PM 8: 48
SECRETARY OF STATE
TALLAHASSIF FINDERA



Timah NOV 1 7 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Aug. 25 Dog S (Name of Corporation)
DOCUMENT NUMBER: P0400095805
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:
Couis, M. Bouling (Name of Person)
Auxies Doss (Name of Firm/Company)
933 Deenchase DR (Address)
57. Augustine Fl 32086 (City/State and Zip Code)
For further information concerning this matter, please call:
Kimberly Whitium at (90%) 377-8905 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT

FOR A CORT ORATION	TALLAHARY	8:48
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or	r 617.1509,	E FLORIDA
Florida Statutes, the undersigned, OU'S M. ROULE (Name of Registered Agent)	Δ	-
hereby resigns as Registered Agent for Auxies (Name of Corporation)	, Inc	. ــ د
# POU 5000 95805 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its las	st 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 beha	If of an entity:
-	(Typed or Printed Name)
<u></u>	(Capacity)

1

O

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