P04000095932

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hearing Aids For Less, Inc. (Name of Corporation)
DOCUMENT NUMBER p04000095932
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:
Thomas Wanderon (Name of Person)
Tax, Accounting & Financial Assoc. (Name of Firm/Company)
868 106th Avenue North (Address)
Naples, Florida 34108 (City/State and Zip Code)
For further information concerning this matter, please call:
Thomas Wanderon at (239) 591-4334 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



◆ Tax, Accounting & Financial Associates, Inc.

Date: April 20, 2005

TO: Darlene Connell, Document Specialist

From: Martha Vassar

Subject: Registered Agent Resignation \$87.50 Credit

Darlene,

Per our conversation this afternoon, please use the \$87.50 payment (was credited) that was originally suppose to be used for Custom Crete Of S.W. FL., Inc. for resignation of registered agent and apply to resignation of registered agent for "Hearing Aids For Less, Inc.".

Please see attachments.

Thank you, Martha

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, Thomas Wanderon (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for Hearing Aids For Leas, Inc. (Name of Corporation)
P0400095932 (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:
95 95 P
(Typed or Printed Name)
(Capacity) F. STATE 00

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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