

PD4000/04468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

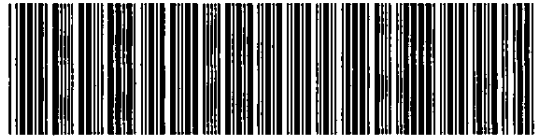
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2010 APR 19 A 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Teele's  
4-20-10

# BONNEY & SMALLWOOD, P.A.

A PROFESSIONAL ASSOCIATION  
ATTORNEYS AND COUNSELORS AT LAW

[csmallwood@bandslaw.org](mailto:csmallwood@bandslaw.org)

GARTH D. BONNEY, Esq.

CHRISTINE D. SMALLWOOD MIRANDA, Esq.\*

\*ALSO ADMITTED IN PUERTO RICO

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(850) 215-6840 OFFICE  
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BEACH OFFICE:  
7911 THOMAS DRIVE, SUITE 4  
PANAMA CITY BEACH, FL 32408  
(850) 249-5483 OFFICE  
(850) 249-5486 FAX

April 14, 2010

**VIA U.S. CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

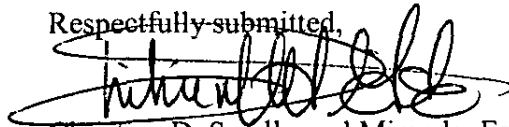
**Re: Smithco Accessories, Inc. / Document No.: P04000104468**

Dear Sir or Madam,

On behalf of our client, Mr. W. Trampas Smith, we hereby submit for filing with the Amendment Division of the Division of Corporations, the enclosed Resignation of Agent for the above referenced corporation as well as the filing fee in the amount of \$87.50 required to record the requested amendment.

In the event you have any questions or require further information concerning the present matter, I kindly ask that you contact me at your earliest convenience, at (850) 215-6840. I thank you in advance for your anticipated cooperation and courtesies in this regard and hope that this missive finds you well and enjoying a nice day.

Respectfully submitted,



Christine D. Smallwood Miranda, Esq.

enclosures as stated

cc: client

RECEIVED  
2010 APR 19 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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, W. Trampas Smith

(Name of Registered Agent)

hereby resigns as Registered Agent for Smithco Accessories, Inc.

(Name of Corporation)

P04000104468

(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:

n/a

(Typed or Printed Name)

n/a

(Capacity)

**FILED**  
2010 APR 19 A 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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