

PO4000107277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

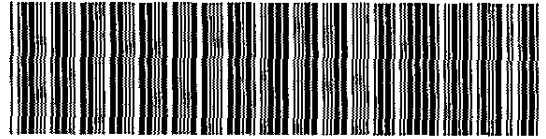
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700066013337

02/16/06 --01027--023 \*\*35.00

FILED  
06 FEB 16 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED FEB 23 2006

PA Design

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BERNACKI & BEAUDRY DESIGN CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000107277

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:

RYAN BERNACKI  
(Name of Person)

BERNACKI & BEAUDRY DESIGN CORP.  
(Name of Firm/Company)

161 W. READING WAY  
(Address)

WINTER PARK, FLORIDA 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

RYAN BERNACKI at ( 321 ) 946-4046  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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**

**FILED**  
06 FEB 16 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

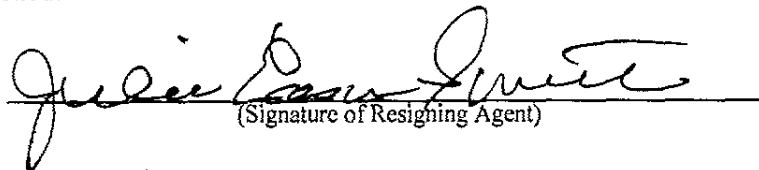
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, JULIE EASON SMITH, P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for BERNACKI & BEAUDRY DESIGN CORP.  
(Name of Corporation)

P04000107277  
(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:

JULIE EASON SMITH, P.A.  
(Typed or Printed Name)

PRESIDENT  
(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  
Tallahassee, FL 32314