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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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COVER LETTER

Division of Co.	poradons					
SUBJECT:	Central Florida Industries, Inc.					
	(Name of Corporation)					
DOCUMENT NUME	ER: P04000113398					
The enclosed Resignat	ion of Registered Agent for a Corporation and fee are submitted for filing.					
Please return all corres	pondence concerning this matter to the following:					
1	Kristine Monda					
	(Name of Person)					
Central	Florida Industries, Inc.					
(Na	ne of Firm/Company)					
2	721 Villa Drive					
	(Address)					
V	alrico, FL 33594					
(Cit	y/State and Zip Code)					
For further information	n concerning this matter, please call:					
	onda at (813) 943-6778 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro-	visions of sectio	ns 607.0502(2),	617.0502(2),	607.1509, or 61	7.1509,		
Florida Statutes, the	undersigned.	Al F. Monda					
,			(Name of Reg	istered Agent)		•	
hereby resigns as R	egistered Agent	for Central F	lorida Indust	ries, Inc.			
, <u>,</u> <u>, .</u>	- J		(Name of C	orporation)		 ;	
P0400	0113398						
(Document Nu	mber, if known)		• •	CA TO A STATE OF THE STATE OF T	, of		
A copy of this resig	nation was mail	led to the above	listed corpora	tion at its last kr	nown addi	ess.	
The agency is termithis statement is file		ffice discontinue	d on the 31st	day after the dat	e on whic	h	
_		(Signature of Res	Signing Agent)		_	·	
If signing on behalf	of an entity:		.= -			·	
_		(Typed or Prin	ted Name)		- ~ • •	str 12	
_		(Capac	ity)		SECR	06 A	
	\$87.50 -	filing this docu Active corporat Administrativel withdrawn corp	tion ly dissolved/ve	oluntarily dissol	AHASSEE FLORID	W 28 PM 2: 27	こつ

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314