# P04000113402

(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	m <b>e)</b>
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(Doi	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900057953739

09/08/05--01001--025 \*\*43.75

RA Resign T. Lewis

08/04/05--01038--004 \*\*43.75

SECRETARY OF STATE



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 8, 2005

WILLIAM T. ESTLER 4590 SYMCO AVE NORTH PORT, FL 34286

SUBJECT: CAFE GELATO INCORPORATED

Ref. Number: P04000113402

We have received your document for CAFE GELATO INCORPORATED and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

The \$43.75 previously sent can be deducted from the \$87.50 when the registered agent resignation is returned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 905A00050812

### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CAFE GE 1940 Incorporated (Name of Corporation)  DOCUMENT NUMBER: PO 4000 11340 2
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:
William T. Estle2 (Name of Person)
(Name of Firm/Company)
4590 STMCO AUE (Address)
North Part Fl. 34286 (City/State and Zip Code)
For further information concerning this matter, please call:
William T. Estler at (941) 276-0829  (Name of Person)  (Area Code & Davime Telephone Number)

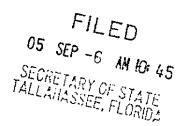
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



## 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, William J. E5+E2 (Name of Registered Agent)
hereby resigns as Registered Agent for <u>CAFE GE/A+O In corporation</u> ).  (Name of Corporation)
PO 4000 11 3 402 (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:
(Typed or Printed Name)
(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