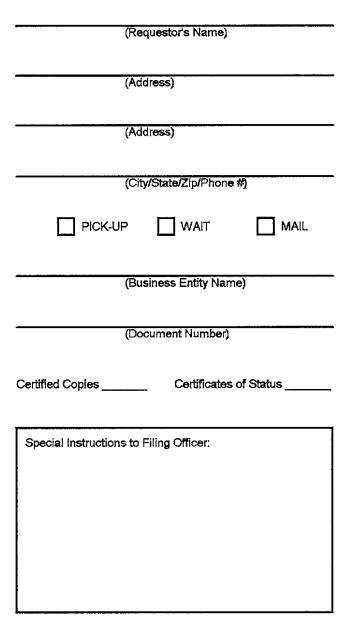
## P04000/21100



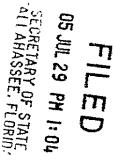
Office Use Only



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07/27/05--01005--024 \*\*52.50



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HURRICANE SURVETUANCE, INC. (Name of Corporation)
DOCUMENT NUMBER: PO 4000 Q//00
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:
(Name of Person)
(Name of Firm/Company)
5840-54th Ave N
(Address)  (City/State and Zip Gode)
For further information concerning this matter, please call:
William Perf Sax at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



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

July 22, 2005

DONALD P. RAMSBURG 5840 54TH AVE. N. STE. A KENNETH CITY, FL 33709

SUBJECT: HURRICANE SURVEILLANCE, INC.

Ref. Number: P04000121100

We have received your document for HURRICANE SURVEILLANCE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6878.

Letter Number: 005A00048055

Alan Crum Document Specialist

## 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, Name of Registered Agent)
hereby resigns as Registered Agent for HURRICANE SURVEILLANCE, In (Name of Corporation)
(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.
Done of Resigning Agent)
If signing on behalf of an entity:  The form of the Aceta Section of Source (Typed or Printed Name)
Capacity)
Fee for filing this document:  \$87.50 - Active corporation  \$35.00 - Administratively dissolved/voluntarily dissolved/roll withdrawn corporation

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