1000/2/3/7

(Red	questor's Name)	
. (Ado	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
, (Do	cument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Herring wood and Company Inc (Name of Corporation) DOCUMENT NUMBER: POY 000121317
DOCUMENT NUMBER: POY 000121317
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:
TACOB WOOD (Name of Person)
(Name of Firm/Company)
5703 Red BUB LAKE Rts # 413 (Address)
Winter Springs Fl. 32708 (City/State and Zip Code)
For further information concerning this matter, please call:
TACOB W897 at (407) 448-6867 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2005 FEB -4 PM 2: 27
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, JACOB WOOD (Name of Registered Agent)
hereby resigns as Registered Agent for Herring Wood of Pompary In Corporated (Name of Corporation)
Po4000 121317 (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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