## 8400/33375

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del></del>
	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status <u>·</u>
Special Instructions to Filing Officer:		

Office Use Only





200156882502

06/09/09--01022--012 \*\*35.00

Pre-J

2009 JUN -9 AM II: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

7000

## **COVER LETTER**

SUBJECT: CHRIS HALCOMB LANDCLEARING INC. (Name of Corporation)	·
DOCUMENT NUMBER: P04000133375	
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:	
Mary Jo Spalinger	
(Name of Person)	
BUSINESS FILINGS INCORPORATED	
(Name of Firm/Company)	
8040 Excelsior Drive #200	
(Address)	
Madison, WI 53717	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary Jo Spalinger at ( 608 ) 827-5300 x	
(Name of Person) (Area Code & Daytime Tele	phone Number

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	,09,
Florida Statutes, the undersigned, BUSINESS FILINGS INCORPORATED	
(Name of Registered Agent)	<del></del>
hereby resigns as Registered Agent for CHRIS HALCOMB LANDCLEARING IN	C.
(Name of Corporation)	,
P04000133375	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	ı address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	2009 JUN SECRETA
Mary Jo Spalinger	HA I
(Typed or Printed Name)	
Asst. Sec for Business Filings Incorporated	AM II:

## 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withdrawn corporation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

(Capacity)