

P04 000166872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

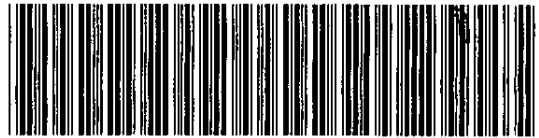
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/05/08--01039--008 **113.75

FILED
09 MAR 12 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Att: Karen Gibson
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Karen,

Enclosed you will find the requested documents to remove my name from "The Projects, Inc." leaving Patrick Panakos as sole owner. Back in December of 2008, I submitted paperwork along with a check in the amount of \$113.75 please use that credit to finish processing my request.

Ref. Number: P04000166872

Sincerely,
Scott Byerly
(407)516-7780



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2008

KIM BYERLY
5584 N. DEAN RD.
ORLANDO, FL 32817

SUBJECT: THE PROJECTS, INC.
Ref. Number: P04000166872

We have received your document for THE PROJECTS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A FLORIDA CORPORATION, NOT A PARTNERSHIP OR LIMITED LIABILITY COMPANY. THE WRONG FORM HAS BEEN SUBMITTED.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 108A00060398

COVER LETTER

RECEIVED
2009 MAR 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: _____

THE PROJECTS

(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT BYERLY

(Name of Person)

(Name of Firm/Company)

5584 N DEAN RD.

(Address)

ORLANDO, FL 32817

(City/State and Zip Code)

For further information concerning this matter, please call:

KIM BYERLY

(Name of Person)

at (407) 516-7780

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SCOTT BYERLY, hereby resign as OP/PARTNOR
(Title)

of THE PROJECTS
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Scott Byerly
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
09 MAR 12 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA