

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## REGISTERED AGENT RESIGNATION SPECIAL OCCASIONS WHOLESALE, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: SPECIAL OCCASIONS WHOLESALE, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P05000040057	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	g.
Please return all correspondence concerning this matter to the following:	
Steven L. Daniels, Esq.	
(Name of Person)	
Arnstein & Lehr LLP	
(Name of Firm/Company)	
515 N. Flagler Drive, 6th Floor	
(Address)	
West Palm Beach, FL 33401	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Steven L. Daniels at (561 ) 833-9800 (Name of Person) (Area Code & Daytime Telephone Number)	
(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Department of State for \$87.50 for an active co or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	orporation
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	

FILED

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## RESIGNATION OF REGISTERED AGENTE. FLORIDA FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Steven L. Daniels, Esq.
(Name of Registered Agent)
hereby resigns as Registered Agent for <u>Special Occasions Wholesale</u> , <u>Inc.</u> (Name of Corporation)
P050000040057
(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withdrawn corporation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