## POS 0000 46 909

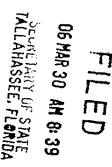
| (Requestor's Name)                      | _ |
|---|---|
| (Address)                               | _ |
| (Address)                               | _ |
| (City/State/Zip/Phone #)                | - |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | - |
| (Document Number)                       |   |
| Certified Copies Certificates of Status | - |
| Special Instructions to Filing Officer: | 7 |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: BRUD ROGERS & SONS WOODWORKING, INC.

(Name of Corporation)

DOCUMENT NUMBER: POSOCO 46909

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:

THOMAS V. ROGERS
(Name of Person)

BRUD ROGERS & SONS WOODWORKING, INC.
(Name of Firm/Company)

2432 COUNY DR.
(Address)

Marbourne FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS ROGERS
(Name of Person)

at (321) 213-1803
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 617.1509,                               |
|---|
| Florida Statutes, the undersigned, GRAG A. CALABRESE (Name of Registered Agent)                                       |
| hereby resigns as Registered Agent for BRUD ROGERS & Sows Woodworking (Name of Corporation)                           |
| P 05000 469 09 (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. |
| A.a. Colabrere  |
| If signing on behalf of an entity:  (Typed or Printed Name)   |
| (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
Tailahassee, FL 32314