P05000073100

(Re	questor's Name)	-		
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300106135833

07/16/07--01020--004 **35.00

FILED

O7 JUL 16 PM 3: 37

SECRETARIST OF STATE
ANIMASSEE, FLORIDA

RA Res.

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: SAFE AND SECURE SERVICES CORPORATION (Name of Corporation)	
DOC	UMENT NUMBER: P05000072100	
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
NINI	н но	
	(Name of Person)	
PAR	RACORP INCORPORATED	
	(Name of Firm/Company)	
PO I	BOX 160568	
	(Address)	
SAC	CRAMENTO, CA 95816-0568	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
NINE	A HO (Name of Person) at (888) 886-7167 (Area Code & Daytime Telephone Number)	
• •		
Enclo or \$3:	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	or.
Amen Divisi Clifto 2661	Mailing Address: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	•	7.0502(2), 617.0502(2), 607.1509, o	r 617.1509,
Florida Statutes, the unde	rsigned, PAR	ACORP INCORPORATED	are a made
		(Name of Registered Agent)	
hereby resigns as Registe	red Agent for	SAFE AND SECURE SERVICES	CORPORATIC,
	_	(Name of Corporation)	
P05000072100			
(Document Number,	if known)	-	
A copy of this resignation	was mailed to t	the above listed corporation at its la	st known address.
The agency is terminated this statement is filed.	and the office d	iscontinued on the 31st day after the	date on which
70	wh H	ature of Resigning Agent)	
If signing on behalf of an	entity:	•	
NINE	но		SECO TALL
	. (Ty	ped or Printed Name)	
ASS	STANT SECR	ETARY	SSEE, ED
		(Capacity)	3 37 STATE FLORIDA

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Fiorida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314