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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corpo	
SUBJECT:	Paver Seal Systems, Inc.
~ · · · · · · · · · · · · · · · · · · ·	(Name of Corporation)
DOCUMENT NUMBER	R: P05000081221
The enclosed Resignation	of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
Desiree McCord	
(Na	me of Person)
N/A	
(Name	of Firm/Company)
P.O. Box 470326	
	(Address)
Lake Monroe, Florida	32747
(City/St	ate and Zip Code)
For further information co	oncerning this matter, please call:
Desiree McCord (Name of P	Person) at ( 407 ) 489-4058 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Desiree McCord (Name of Registered Agent)
hereby resigns as Registered Agent for Paver Seal Systems, Inc.
(Name of Corporation)
P05000081221
(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)  ALL ST
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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