

POS000101981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

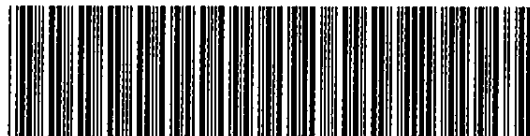
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2007 APR 23 PM 2:46

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** One of a kind Outdoor Service, Inc.  
(Name of Alien Business Organization)

**DOCUMENT NUMBER:** P05000101981

The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUIE COFER  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

5769 S.E. Crooked Oak Ave  
(Address)

Hobe Sound, FL 33455  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUIE COFER at (561) 262-4809  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing fee

☐ \$140.00 (\$87.50 Filing Fee and  
\$52.50 for Certified Copy)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2007

JACQUIE COFER  
5769 SE CROOKED OAK AVE  
HOBE SOUND, FL 33455

SUBJECT: ONE OF A KIND OUTDOOR SERVICE, INC.  
Ref. Number: P05000101981

We have received your document for ONE OF A KIND OUTDOOR SERVICE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was used to file a resignation of registered agent for a corporation. Please complete the enclosed and resubmit for filing.

*enclosed (sorry!)*  
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 607A00024467

RECEIVED  
07 APR 23 AM 8:00  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** One of a Kind Outdoor Service, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000101981

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:

JACQUIE COFER  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

5769 S.E. Crooked Oak Ave  
(Address)

Hobe Sound, FL 33455  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUIE COFER at ( 561 ) 741-1000  
(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 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2007 APR 23 PM 2:47

**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, JACQUE COFER  
(Name of Registered Agent)

hereby resigns as Registered Agent for One of a Kind Outdoor Service, Inc.  
(Name of Corporation)

P05000101981  
(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.

Jacquie Cofer  
(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**