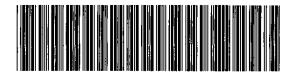
P05000104459

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

Office Use Only



500110199785

10/03/07--01018--028 **155.00



80°0.

COVER LETTER

Division of Corporations
SUBJECT: Giacobbe Land & Outdoor Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: P050000104459
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:
Leslie A. Lewis (Name of Person)
Lewis & Crichton
(Name of Firm/Company)
P.O. Box 1119 (Address)
Winter Park, Florida 32790-1119 (City/State and Zip Code)
For further information concerning this matter, please call:
Leslie A. Lewis at (407) 647-3428 ex. 102 (Name of Person) (Area Code & Daytime Telephone Number)

TO:

Amendment Section

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

CR2E046(08/05)

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, <u>Leslie A. Lewis</u> (Name of Registered Agent)
hereby resigns as Registered Agent for Giacobbe Land & Outdoor Services, Inc. (Name of Corporation)
P05000104459 (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) A SECRETARY A SECR
(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withdrawn corporation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
Taliahassee, FL 32314