P05000100117

| (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: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: Wonder Wash, Inc. (Name of Corporati | on) |
| DOCUMENT NUMBER: P05000106717 | |
| The enclosed Resignation of Registered Agent for a Corpora | ation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the | ne following: |
| David J. Murphy | |
| (Name of Person) | |
| Greenfelder, Mander, Murphy, Dwyer & Morris | |
| (Name of Firm/Company) | |
| 14217 Third Street | |
| (Address) | |
| Dade City, FL 33523-3828 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| David J. Murphy at (352 |) 567-0411 |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, David J. Murphy, Esq., (Name of Registered Agent) |
| hereby resigns as Registered Agent for Wonder Wash, Inc. (Name of Registered Agent) (Name of Corporation) |
| P05000106717 |
| (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: |
| David J. Murphy |
| (Capacity) (Typed or Printed Name) (Capacity) (Capacity) |
| (Capacity) ω |
| Fee for filing this document: |

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation