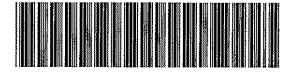
P05000119406

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



500078755405

Resign 08/16/06--01021--001 **87.50

FILED

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SECRETAFY OF STATE
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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: <u>Pream Homes of North West Florida</u> (Name of Corporation) |
| DOCUMENT NUMBER: <u>PO 5000/19406</u> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Wallace Craig Sexson |
| DEE AM HOMES OF NORTH West FLORIDA (Name of Firm/Company) |
| Z633 Southern Daks DR. (Address) |
| City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Wallace (RAIG Sexson) at (850) 698-6777 (Name of Person) (Area Code & Daytime Telephone Number) |
| The state of the s |

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Cimon Bunding
2661 Executive Center Circle
Tallahassee, FL 32301

Andrews Committee

TO:

Amendment Section

Mailing Address: Amendment Section Division of Corporations Fost Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| | F | IL | ΕD | ŧ |
|------|-----|------|------|-------|
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| SECI | ETA | RY C | F Si | : JO |

| TALLATIASSEE, FLORID Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509. |
|---|
| I dioddili to die provincia or desirata occidentali, or incontino, or |
| Florida Statutes, the undersigned, Wallace Craig Sex50 N |
| |
| hereby resigns as Registered Agent for Dream Homes of North West, Flore |
| (Name of Corporation) |
| P05000119406 |
| (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. |
| Wallace Cary Julian (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/
withhaun conjunction

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

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