P55000122099

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

Office Use Only



900138029719

12/02/03-01012-019 **87.50

2008 DEC -8 PM 35: 26
SECRETARY OF STATE
TALLAHASSEE, FLORID;

ADR Diolos

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Signature Series Construction Inc. (Name of Corporation) DOCUMENT NUMBER: POSOO0122099
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:
(Name of Person)
Signature Series Construction Due. (Name of Firm/Company)
10951 Harmony AC Dr. (Address)
Bonita Spring F(- 34 135 (City/State and Oip Code)
For further information concerning this matter, please call:
at () (Name of Person) (Area Code & Daytime Telephone Number)
Englaced is a check made payable to the Floride Department of State for \$97.50 for an active assessment

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FILED FOR A CORPORATION 2008 DEC -8 PM 3: 26

SECRETARY OF STATE Pursuant to the provisions of sections 607 0502(2), 617 0502(2), 607 15741 ArMI 7 4509 Files
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 Larah # 3502, FLORIDA
Florida Statutes, the undersigned, Daniel Boards
hereby resigns as Registered Agent for Signature Series Construction (Name of Corporation) POSODO 122099 (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)
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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