## P05000127773

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

RA Res (a 10.17.05



000060154650

्रमात्राहराष्ट्र--स्रामोहिन साहित अक्षतेहर्मा

PILED 05 OCT -6 AHIO OO SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BOSS CLEANING INC.  (Name of Corporation)
DOCUMENT NUMBER: P05000127773
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:
ARNULFO PEREZ
(Name of Person)
BOSS CLEANING INC.
(Name of Firm/Company)
12761 DEVONSHIRE LAKES CIR
(Address)
FORT MYERS, FL 33913
(City/State and Zip Code)
For further information concerning this matter, please call:
ARNULFO PEREZ at (239 ) 464-5750 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ARNULFO PEREZ
(Name of Registered Agent)
hereby resigns as Registered Agent for BOSS CLEANING INC.
(Name of Corporation)
P05000127773
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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