

P05000143656

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : SIMON, SIGALOS & SPYREDES, P.A.
Account Number : I19990000176
Phone : (561)447-0017
Fax Number : (561)447-0018

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CHRISTIAN BUSINESS ASSOCIATION, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Christian Business Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000143656

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:

Anastasios Tom Spyredes

(Name of Person)

Simon, Sigalos & Spyredes, P.A.

(Name of Firm/Company)

120 East Palmetto Park Road, Ste. 100

(Address)

Boca Raton, Florida 33432

(City/State and Zip Code)

For further information concerning this matter, please call.

Anastasios Tom Spyredes

(Name of Person)

at (561) 447-0017

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, Simon, Sigalos & Spyredes, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Christian Business Association, Inc.

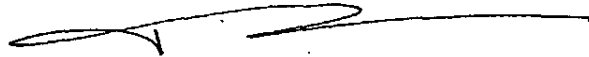
(Name of Corporation)

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(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:

Simon, Sigalos & Spyredes, P.A.

(Typed or Printed Name)

Vice President

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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