## P05000160742

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	<del></del>
(Do	ocument Number)	•
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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12/09/08--01008--006 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Native Son Screen Repair, Inc. (Name of Corporation)
DOCUMENT NUMBER: P05000160742
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:
Janet Bonneau
(Name of Person)
Bonneau Accounting Services, Inc.
(Name of Firm/Company)
1106 W. Indiantown Rd Suite 3
(Address)
Jupiter, FL 33458
(City/State and Zip Code)
For further information concerning this matter, please call:
Janet Bonneau at (561 ) 747-0160  (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## 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, Richard A. Bonneau CPA
(Name of Registered Agent)
hereby resigns as Registered Agent for Native Son Screen Repair, Inc.
(Name of Corporation)
P05000160742
(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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