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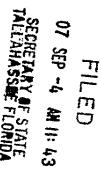
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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ATTORNEYS - AT - LAW

400 N. Tampa Street Suite 2625 Tampa, Florida 33602-4793 Phone: (813) 225-1918, ext. 23 Facsimile: (813) 225-2531 E-mail: debbier@whh-law.com

August 30, 2007

Florida Secretary of State Division of Corporations P. O. Box 6237 Tallahassee, FL 32314

Re:

E.N.PetWise, Inc.

Document Number: P06000005323

Change of Address/Resignation of Registered Agent

Dear Sir or Madam:

Enclosed please find a Resignation of Registered Agent for the above-referenced corporation and this firm's check for \$87.50. All future correspondence should be sent to:

Mr. Nicholas Triantafyllopoulos E.N.PetWise, Inc. Warehouse B 4410 W. Crest Avenue Tampa, FL 33614

Thank you for your attention to this matter.

Very truly yours,

R. Wade Wetherington

RWW:dd

Enclosures

cc: Client

cc: E.N.PetWise, Inc.

COVER LETTER

	mendment Section ivision of Corporation	s		•		
SUBJEC	T: E.N.PetWise, Inc					
		(Nam	e of Corporatio	n)		
DOCUM	ENT NUMBER:	P0600000	5323		<u></u> _	,
The enclo	osed Resignation of Re	gistered Agent	for a Corporat	ion and fee a	are submitted	l for filing.
Please ret	turn all correspondenc	e concerning thi	is matter to the	following:		
R. Wad	le Wetherington, Es	ļ uire		र क्रा		
	(Name of	Person)				
Wether	ington, Hamilton, Ha		P.A.	<u>(₹₹</u> /		
	(Name of Fire	ı/Company)				
РО Вох	k 172727			-====	,	
	(Addr	ess)				
Tampa.	, FL 33672-0727			~		
	(City/State an	l Zip Code)			•	•
For further	er information concern	ing this matter,	please call:			
R. Wade	e Wetherington (Name of Person)	at	t (<u>813</u>) (Area Code &	225-1918 Daytime Te	, ext 16 lephone Num	ber)
	(1.00012,		(- mon code o		raferrossa v 1986s	/

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,			
Florida Statutes, the undersigned, _	Wade Wetherington				
	(Name of Registered Agent)				
hereby resigns as Registered Agent f	or E.N.PetWise, Inc.				
	(Name of Corporation)				
P06000005323	그 그를 다 그를				
(Document Number, if known)	<u></u>				
A copy of this resignation was maile	d to the above listed corporation at its last kno	own address.			
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date	on which			
	(Signature of Resigning Agent)				
If signing on behalf of an entity:					

		Eg O			
	(Typed or Printed Name)				
		₹¥ 3			
		\$ Z 4			
	(Capacity)				
		STA			
		りは、			

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