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RIA-Resign

COVER LETTER

Division of Corporations	
GOURMET SPECIALTY DISTRIBUTORS INC.	
JBJECT: (Name of Corporation)	
DCUMENT NUMBER:	
e enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ing.
ease return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Firm/Company)	
(Address)	
(City/State and Zip Code)	
or further information concerning this matter, please call:	
(Name of Person) at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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,	
(Name of Registered Agent)	
GOURMET SPECIALTY DISTRIBUTORS INC	,
hereby resigns as Registered Agent for(Name of Corporation)	
P06000016724	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address	ess.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	1
N. Paly	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
	<u></u>
· 134	27
(Typed or Printed Name)	ž T
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(Capacity) ويومين	
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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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