## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 Phone

: (302)531-0855

Fax Number

: (850)656-7953

## REGISTERED AGENT RESIGNATION

EMPIRE PROJECTS FLORIDA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: EMPIRE PROJECTS FLORIDA, INC. (Name of Corporation)	<b>.</b>
• • • •	``
DOCUMENT NUMBER: P06000029412	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for file	ing.
Please return all correspondence concerning this matter to the following:	
TUNISHA SCOTT	
(Name of Person)	
INCORPORATING SERVICES, LTD.	•
(Name of Firm/Company)	
3500 S. DUPONT HWY.	
(Address)	
DOVE, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TUNISHA SCOTT  at ( 302 ) 531-0855  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Malling Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314  $\mathbb{R}^2$ 

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RESIGNATION OF REGISTERED A FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
•	CORPORATING SERVICES LTD.	
-	(Name of Registered Agent)	
hereby resigns as Registered Agent for	EMPIRE PROJECTS FLORIDA, INC.	
	(Name of Corporation)	
P06000029412		
(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:		

CANDICE B. SWETLAND

(Typed or Printed Name)

**ASSISTANT SECRETARY** 

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make cheeks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallabassee, FL 32314