## 12600031938

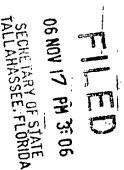
| (Re                                     | equestor's Name)   |             |  |  |  |  |
|---|--------------------|-------------|--|--|--|--|
| <u> </u>                                |                    |             |  |  |  |  |
| (Address)                               |                    |             |  |  |  |  |
| (Address)                               |                    |             |  |  |  |  |
|   |                    |             |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phon  | e #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |  |
| (Bu                                     | isiness Entity Nai | me)         |  |  |  |  |
| ,                                       | •                  | ,           |  |  |  |  |
| (Do                                     | ocument Number)    |             |  |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |  |
| :                                       |                    |             |  |  |  |  |
|   | •                  |             |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORP  | ORATION: BSNT INVE                         | ESTMENTS INC  |                         |  |
|---|--|---|-------------------------|--|
| DOCUMENT NU   | MBER: P906000031938                        | 3   |                         | <u> </u>   |
| The enclosed Artic  | les of Amendment and fee ar                | e submitted for filing  |                         |  |
| Please return all con   | respondence concerning this                | matter to the followi   | ng:                     |  |
| WIL   | LIAM MIGNEAULT                             |   |                         |  |
|   | (Name o                                    | f Contact Person)   |                         |  |
|   |  |   |                         |  |
|   | (Fim                                       | n/ Company)   |                         | <del></del>  |
| 619   | STATE ROAD 19 SO                           | UTH   |                         |  |
|   | (  | (Address)   |                         | <del></del>  |
| PAL   | ATKA, FL 32177                             |   |                         |  |
|   | (City/ Sta                                 | ate and Zip Code)   |                         | <del>.</del>   |
| For further informa   | tion concerning this matter, p             | olease call:  |                         |  |
| William   | MIGNEAULT of Contact Person)               | at (366)_   |                         | -6229  |
|   | •  | (Area Code &  | b Daytime Te            | lephone Number)  |
| Enclosed is a check   | for the following amount:                  |   |                         |  |
| □ \$35 Filing Fee   | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed)                               |                         | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad<br>Amendment<br>Division of 6<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27              | Street Address Amendment Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3 | orations<br>enter Circl | e  |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2006

20.00

WILLIAM MIGNEAULT 619 STATE ROAD 19 SOUTH PLATAKA, FL 32177

SUBJECT: BSNT INVESTMENTS INC

Ref. Number: P06000031938

We have received your document for BSNT INVESTMENTS INC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call :(850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 006A00065962

FIL.ED

## RESIGNATION OF REGISTERED AGENT OF NOV 17 PM 3: 06 FOR A CORPORATION SECRETARY OF STATE

| Pursuant to the provisions of se                      | ections 607.0502(2), 617.0503         | 2(2), 607.1509, or 617.1509,    |                  |
|---|---------------------------------------|---------------------------------|------------------|
| Florida Statutes, the undersigned                     | ed, <u><i>SHANE</i></u> (Name o       | of Registered Agent)            | ·<br><del></del> |
| hereby resigns as Registered A                        | gent for SSUT (Nam                    | INVESTMENTS e of Corporation)   | ,1 ~< .          |
| P 060000319 (Document Number, if know                 |                                       |                                 |                  |
| A copy of this resignation was                        | mailed to the above listed co         | rporation at its last known add | dress.           |
| The agency is terminated and this statement is filed. | he office discontinued on the         | 31st day after the date on wh   | ich              |
|   | (Signature of Resigning Age           | ent)                            |                  |
| If signing on behalf of an entity                     | y:                                    |                                 |                  |
| ر   | THANE DENN<br>(Typed or Printed Name) | is - William.                   | MIGNEAULT        |
| <i>U</i> k  | Capacity)                             | Mignel                          |                  |

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