P0600005742

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	



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Office Use Only

R.A. Resignation
TB 7/10/18

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Danforth FAm: Ly Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P06000057421</u>
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:
Chades V. Clements (Name of Person)
(Name of Firm/Company)
4/10 Southpoint Blud # 123
Jack Sonville, P2 32216 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles V. Clements at (904) 470-4010 (Name of Person) at (904) 470-4010 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607 0502(2), 617 0502(2), 607 1509, or 617 1509
Pursuant to the provisions of sections 607,0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>Charles V. Clements</u> (Name of Registered Agent)
hereby resigns as Registered Agent for <u>DANFOHL FAMILY Enterprises</u> , Inc. (Name of Corporation)
P0600057421 (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.
Chale V. Clement (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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