

PO6000067850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

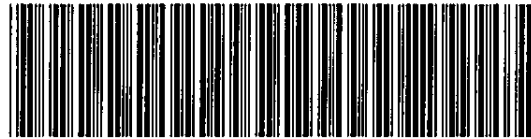
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04/27/07--01003--025 **52.50

07 APR 27 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

R.A. Resign.

G. Gouletta APR 27 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHARLES DAVID FALL INC
(Name of Corporation)

DOCUMENT NUMBER: P06000067850

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:

CHARLES DAVID FALL
(Name of Person)

CHARLES DAVID FALL INC
(Name of Firm/Company)

16972 W ALAN BLACK BLVD.
(Address)

LOXAHATCHEE, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES D. FALL at (561) 313-2508
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2007

CHARLES D. FALL
16975 W. ALAN BLACK BLVD
LOXAHATCHEE, FL 33470

SUBJECT: CHARLES DAVID FALL, INC
Ref. Number: P06000067850

We have received your document for **CHARLES DAVID FALL, INC** and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 507A00024340

RECEIVED
07 APR 27 AM 8:00
DIVISION OF CORPORATIONS

**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, CHARLES DAVID FALL
(Name of Registered Agent)

hereby resigns as Registered Agent for CHARLES DAVID FALL, INC
(Name of Corporation)

PO6000067850
(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.

Charles David Fall
(Signature of Resigning Agent)

If signing on behalf of an entity:

CHARLES DAVID FALL
(Typed or Printed Name)

REGISTERED AGENT
(Capacity)

Fee for filing this document:

< \$87.50 - Active corporation >

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

APPROVED
AND
FILED
07 APR 27 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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