

PO60000 73680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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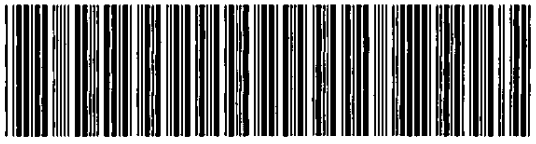
(Business Entity Name)

(Document Number)

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08 MAY 21 AM 11 37  
TALLAHASSEE, FL 32309  
SECRETARY OF STATE

T. Roberts MAY 21 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 9-1-19 Company  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000073680

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:

Christopher Robbins, Esq.

(Name of Person)

The Robbins Law Firm, P.A. n/k/a Robbins Equitas, F

(Name of Firm/Company)

2639 Dr. MLK Jr. Street North

(Address)

St. Petersburg, FL 33704

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Ostman at ( 727 ) 822-8696

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, The Robbins Law Firm, P.A. n/k/a Robbins Equitas,  
(Name of Registered Agent)

hereby resigns as Registered Agent for 9-1-19 Company  
(Name of Corporation)

P06000073680

(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)

FILED  
MAY 21 AM 11:30  
STATE OF FLORIDA  
TALLAHASSEE

If signing on behalf of an entity:

The Robbins Law Firm, P.A. n/k/a Robbins Equitas, P./

(Typed or Printed Name)

President

(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**