Electronic Filing Cover Sheet

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(((H07000145875 3)))



H070001458753ABC4

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CHECKMATE

Account Number : I20030000146

Phone

(941) 922-2801

Fax Number

(941)922-7741

REGISTERED AGENT RESIGNATION

STORMY WEATHER ROOFING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: STORMY WEATHER ROOFING, INC.	
(Name of Corporate	tion)
DOCUMENT NUMBER: P06000075708	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	the following:
LEAH HARN	
(Name of Person)	_
CHECK MATE	· -
(Name of Firm/Company)	-
4411 BEE RIDGE ROAD #257	. · · · · ·
(Address)	
SARASOTA, FL 34233	J.72
(City/State and Zip Code)	-
For further information concerning this matter, please call:	$\mathbf{q}(t)$
LEAH HARN at 941	366-1847
(Name of Person) (Area Code	c & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

•		07.0304(2), 617.0302(2), 607.1309, 6F 617	.1509,	
Florida Statutes,	the undersigned, Ch	HECK MATE LICENSING SERVICE (Name of Registered Agent)		
hereby resigns a	s Registered Agent for	STORMY WEATHER ROOFING, INC		
		(Name of Corporation)		
P0600007570	08			
(ІЭпештеп	Number, if known)	_		
A copy of this re	esignation was mailed to	o the above listed corporation at its last kno	wn address.	
The agency is te this statement is		discontinued on the 31st day after the date	on which	
	-22	Bull	_	
	(Sig	gnature of Resigning Agent)		
If signing on beh	nalf of an entity:	•		
	STALEY A. WEID	MAN		
e.	- (Typed or Printed Name)		٠.
	OVALED		ĀS A	
	OWNER			
		(Capacity)	07 MAY 3 I SECRETAR LLAHASS	and the same
			A Y	-
, *		•	SS A	FERSIO
	-		mi~ ¬	E PROCESSOR
		this document:	mg ≥	
	\$87.30 - Acti	ve corporation	ဟ ယ္	
	\$50.00 + Adn	ninistratively dissolved/voluntarily dissolve	3: L2 SIATI	-
	With	ndrawn corporation		

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