Florida Department of State
Division of Corporations

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : HENDRY, STONER, CALANDRING & BROWN, P.A.

Account Number : I20000000241 Phone : (407)843-5880

Fax Number : (407)425-7905

REGISTERED AGENT RESIGNATION

HONEYDALE, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: HONEYDALE, INC.
	(Name of Corporation)
ססמ	CUMENT NUMBER: P06000083888
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
G. 8	STEVEN BROWN
	(Name of Person)
Her	ndry, Stoner, Calandrino & Brown, P.A.
	(Name of Firm/Company)
20	N. ORANGE AVE., SUITE 600
	(Address)
OR	LANDO, FLORIDA 32801
***************************************	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
G. 8	STEVEN BROWN at (407) 843-5880 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

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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.
Florida Statutes, the undersigned, Hendry, Stoner, Calandrino & Brown, P.A. (Name of Registered Agent)
hereby resigns as Registered Agent for HONEYDALE, INC. (Name of Corporation)
P06000083888
(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. Hendry, Stanon, Colombridge Every, P.A. (Signature of Resigning Agent)
By: I Sten Brown, Per.
(Signature of Resigning Agent)
If signing on behalf of an entity:
G. STEVEN BROWN
(Typed or Printed Name)
ATTORNEY
(Capacity)

<u>Fee for filing this document:</u> \$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