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RA. Rosig C.COULLIETTE

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EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Beyond Boundaries, Inc.
	(Name of Corporation)
DOCU	UMENT NUMBER: P06000087546
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Garv	vin Bowden
	(Name of Person)
Gard	lner, Bist, Wiener, Wadsworth, & Bowden, P.A.
	(Name of Firm/Company)
1300	Thomaswood Dr.
	(Address)
Talla	hassee, FL 32308
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Garvi	in Bowden at (850) 385-0070 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,G	arvin Bowden
	(Name of Registered Agent)
hereby resigns as Registered Agent for	. Beyond Boundaries, Inc.
, , ,	(Name of Corporation)
P06000087546	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	e discontinued on the 31st day after the date on which
If signing on behalf of an entity:	10 APR 23 ALLAMASS
	(Capacity)
	(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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