## PXXXX9/34/3

· (Red	uestor's Name)	
	•	
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(Bus	iness Entity Name)	
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SECRETARY OF SOME TALLAHASSEE, FLORI

ASSEE, FLORIDA

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Resignation of Registered Agent	
	(Name of Corporation)	
DOC	UMENT NUMBER: P06000091343	
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
Gore	don Jesperson, PA	
	(Name of Person)	
Exterior Services of Jacksonville, Inc.		
	(Name of Firm/Company)	
683	3 Phillips Industrial Blvd	
	(Address)	
Jack	ssonville, Florida 32256	
	(City/State and Zip Code)	
For further information concerning this matter, please call:		
Gord	lon Jesperson, PA at ( 904 ) 269-1111	
	Name of Person) at ( 904 ) 269-1111 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle passee, 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, LEAGUE & JESPERSON, PA (Name of Registered Agent)
hereby resigns as Registered Agent for Exterior Services of Jacksonville, Inc.  (Name of Corporation)
P06000091343
(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.    Agriculture of Realgning Agent   Property
(Signature of Realgning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
Registered Agent
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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