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(Re	equestor's Name)	
(Ad	ldress)	
(A u	101033)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
	-	
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Sec Division of Corp		
SUBJECT:	OME MODIFICATION SOLUTIONS, INC	
Separe 1	(Name of Corporation)	
DOCUMENT NUMBE	ER:P06000096491	
The enclosed Resignation	on of Registered Agent for a Corporation and fee are submitted	for filing.
Please return all corresp	condence concerning this matter to the following:	
Kim Stanfield	1	
1)	Name of Person)	
The Hogan L		
`	ne of Firm/Company)	
20 So. Broad	Street	
	(Address)	
Brooksville, F	FL 34601	
(City/	/State and Zip Code)	
For further information	concerning this matter, please call:	
Kim Stanfield	f Person) at (352)799-8423 (Area Code & Daytime Telephone Number	er)
(i aniari)	(Area code & Daytime Telephone Number	O1 <i>j</i>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

fam. . . .

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, The Hogan Law Firm
(Name of Registered Agent)
hereby resigns as Registered Agent for Home Modification Solutions Inc.
(Name of Corporation)
P06000096491
(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.
Delivar Hogan
(Signature of Resigning Agent) If signing on behalf of an entity:
Deborah Hogan
(Typed or Printed Name)
Manager
(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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