P06000136954

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pfione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O9 MAR 20 AM IO: O2 Secretary of State

Walson

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Lorill Foods, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P06000136954	_
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	for filing.
Please return all correspondence concerning this matter to the following:	
T. Geoffrey Heekin	
(Name of Person)	TAISE 99
Heekin, Malin & Wenzel, P.A.	MAR CONCE
(Name of Firm/Company)	- SS表 - R
One Independent Drive, Suite 2200	09 MAR 20 AM 10: 02 SECKETARY OF STATE ALLAHASSEE, FLORID
(Address)	SE 0
Jacksonville, Florida 32202	DA RO
(City/State and Zip Code)	
For further information concerning this matter, please call:	
T. Geoffrey Heekin at (904) 355-7000 (Name of Person) (Area Code & Daytime Telephone Number)	er)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,	T. Geoffrey Heekin (Name of Registered Agent)
hereby resigns as Registered Agent fo	or Lorill Foods, Inc. (Name of Corporation)
P06000136954	
(Document Number, if known)	
A copy of this resignation was mailed	I to the above listed corporation at its last known address.
this statement is filed.	Signature of Resigning Agent) SECRETARY 20 FAR 20 F
	(Typed or Printed Name)
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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