600140324

(Requestor's Name)		
(Address)	7001568825	
(Address)		
(City/State/Zip/Phone #)	06/09/09010220	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	; 4	
Special Instructions to Filing Officer:	SECRETARY OF STATE TALLAHASSEE, FLORID	

Office Use Only



107 **35.00

COVER LETTER

10:	Division of Corporations
SUBJ	ECT: WILLPOWER-USA, INC.
•	(Name of Corporation)
DOC	UMENT NUMBER: P06000140324
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:
Man	y Jo Spalinger
	(Name of Person)
BUS	SINESS FILINGS INCORPORATED
	(Name of Firm/Company)
8040	0 Excelsior Drive #200
	(Address)
Mad	lison, WI 53717
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Mary	/ Jo Spalinger at (608) 827-5300 x254
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed 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Department of State for \$87.50 for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, o	r 617.1509,	
Plorida Statutes, the undersigned, BUSINESS FILINGS INCORPORATED (Name of Registered Agent)			
hereby resigns as Registered Agent for WILLPOWER-USA, INC. (Name of Corporation)		,	
P06000140324			
(Document Number, if known)			
A copy of this resignation was ma	iled to the above listed corporation at its la	st known address.	
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the	e date on which	
	(Signature of Resigning Agent)		
If signing on behalf of an entity:		200 SE	
Mary Jo Spa	linger	2009 JUN - SECRETAG ALLAHAS	
	(Typed or Printed Name)		
Asst. Sec for	Business Filings Incorporated	AHII:	
	(Capacity)	<u></u>	

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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