

**P06000142979**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H10000211689 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
FRANGROWTH CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$87.50</del>

\$ 35.00

*RA Resign*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FRANGROWTH CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000142979

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:

EDIE WHITEBREAD  
(Name of Person)

INCORPORATING SERVICES, LTD.  
(Name of Firm/Company)

3500 S. DUPONT HWY.  
(Address)

DOVE, DE 19901  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDIE WHITEBREAD at ( 800 ) 346-4646  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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((H10000211689 3)))

**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, INCORPORATING SERVICES LTD.

(Name of Registered Agent)

hereby resigns as Registered Agent for FRANGROWTH CORPORATION

(Name of Corporation)

P06000142979

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

CANDICE B. SWETLAND

(Typed or Printed Name)

ASSISTANT SECRETARY

(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

SECRETARY OF STATE  
FLORIDA

10 SEP 30 PM 2:49

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