

P06000153473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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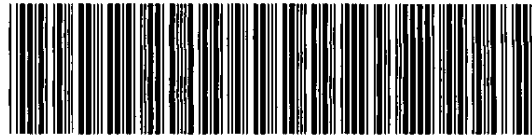
(Business Entity Name)

(Document Number)

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2009 NOV -4 A 8 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tewis
11-6-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Specialized Leasing, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P06000153473

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:

Stanley M. Sacks, Attorney at Law

(Name of Person)

(Name of Firm/Company)

633 South Andrews Ave, Suite 203

(Address)

Fort Lauderdale, FL. 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Stanley M. Sacks

(Name of Person)

at (954) 764-7000

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

REC-11
2009 NOV -
SECRETARY
TALLAHASSEE

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2009 NOV -4 A 8: 19

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, **SECRETARY OF STATE**
Florida Statutes, the undersigned, Edmund Accardi **TALLAHASSEE, FLORIDA**

(Name of Registered Agent)

hereby resigns as Registered Agent for SPECIALIZED LEASING, INC

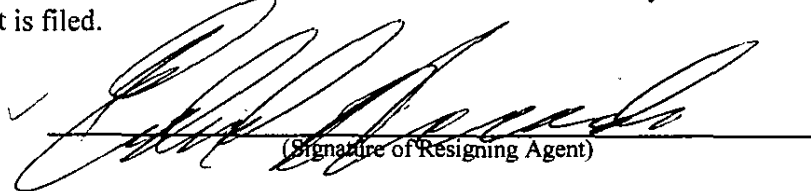
(Name of Corporation)

P06000153473

(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:

Edmund Accardi
(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