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





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04/08/11--01014--019 **105.00



COVER LETTER

TO:	Amendment Section					
	Division of Corporations					
SUBJ	ECT: R AND R MELON SALES	S, INC.				
		(Name o	f Corpor	ation)	
DOCU	JMENT NUMBER: P0700002	0358			· · · · · · · · · · · · · · · · · · ·	
The er	closed Resignation of Registered	Agent for	a Corpo	orati	on and fee are subm	itted for filing.
Please	return all correspondence concern	ing this n	natter to	the	following:	
Rono	da R. Elliotte					
	(Name of Person)					
R AN	ID R MELON SALES, INC.					
*******	(Name of Firm/Company	y)		_		
102 I	NE 931st Street					
*******	(Address)			_		
Bran	ford, Florida 32008					
	(City/State and Zip Code)				
For fur	ther information concerning this n	natter, ple	ase call	:		
Rond	a R. Elliotte	at (352)	542-3428 Daytime Telephone N	•
	(Name of Person)	— ··· \ _	Area Coo	de &	Daytime Telephone N	lumber)

n

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 617.150)9,					
Florida Statutes, the undersigned, Ronda R. Elliotte	ed. Ronda R. Elliotte					
(Name of Registered Agent)						
hereby resigns as Registered Agent for R AND R MELON SALES, INC.	R AND R MELON SALES, INC.					
(Name of Corporation)						
P07000020358						
(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 this statement is filed.	which					
Linda Relles to						
(Signature of Resigning Agent)						
If signing on behalf of an entity:						
Ronda R Elliotte (Typed or Printed Name)	SE!	=				
Agent (Capacity)	CRETARY C LAHASSEE	APR -8 AI				
Fee for filing this document:)F STATE , FLORID/	AM 9: 42				

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation