P07000022209

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400146727414

03/23/09--01035--001 **35.00

O9 MAR 23 AM 8: 12
SEURETARY OF STATE
ANT AHASSEF. FLARIN

RA Resign.
3/31/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUPPLIEST DIPOLOGICA TOUR
SUBJECT: Name of Corporation)
DOCUMENT NUMBER:
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:
(Name of Person)
(Name of Person)
(Name of Firm/Company)
5001 Moxword WAY
(A'ddress) FL 34116 (City/State and Zip Code)
For further information concerning this matter, please call:
RA MON L MULL at (279-) 250-1475 (Name of Person) at (279-) 250-1475 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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,		
hereby resigns as Registered Agent for Do Dhin (Name of Corporation)	x INC	
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
X Lenue A Doluce (Typed or Printed Name)		Party.
(Capacity)		
Fee for filing this document:	18:12 F STATE	Second S

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withdrawn corporation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