

PO 7000036472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

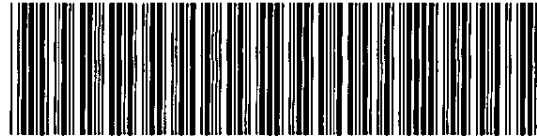
(Business Entity Name)

(Document Number)

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04/21/08--01015--014 \*\*70.00

04/21/08--01015--020 \*\*52.50

RECEIVED  
08 APR 21 AM 11:07  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 APR 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Resign*

**E. Conkling** APR 21 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DMS of Tallahassee, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000036472

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marina Scarano

(Name of Person)

DMS of Tallahassee, Inc.

(Name of Firm/Company)

3514 Mahan Dr., Ste. D

(Address)

Tallahassee, FL 32308

(City/State and Zip Code)

For further information concerning this matter, please call:

Sue Laming

(Name of Person)

at ( 850 ) 325-6650

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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, Marina Scarano

(Name of Registered Agent)

hereby resigns as Registered Agent for DMS of Tallahassee, Inc.

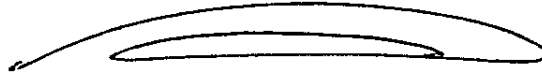
(Name of Corporation)

P07000036472

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**FILED**  
08 APR 21 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**