## P07000037752

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

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11 FEB - PH 1: 20
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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H2/1/



February 2, 2011

Division of Corporations PO Box 6327 Tallahassee FL 32314

RE: Gaudette Inc

Resignation of Registered Agent

P07000037752

Please be advised that I never gave authorization to be a registered agent for this corporation. In addition, I am very upset that I must pay \$87.50 to remove my name as registered agent.

The online signature opens up serious fraudulent issues.

Sincerely,

Evangeline Grissom Bruhn EA CPA PFS

President





## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Gavlette Inc (Name of Corporation)
DOCUMENT NUMBER: P07000030752
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:
Evangoline Grissom Bruhn (Name of Person)
Evengeline Grisson Bruhn CPAInc (Name of Firm/Company)
1003 Tennessee the (Address)
Fortierce FL 34950 (City/State and Zip Code)
For further information concerning this matter, please call:
Evango (Name of Person) at (777) 466-2508 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Evangoline Bruhm (Name of Registered Agent)	
hereby resigns as Registered Agent for	٠
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known addres	s.
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:	
Evanselin Bruha (Typed or Printed Name)  Augustian Bruha (Typed or Printed Name)	11 FEB - !
Registered Agent Capacity)	PH 2

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