P0700052582

(Po	equestor's Name)	
(IXE	questoi s Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
_		 -
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	Certificate:	s of Status
	-	
Special Instructions to	Filing Officer:	
		(6)

Office Use Only



100210572851

08/04/11--01007--014 **175.00

SECRETARY OF STATE



COVER LETTER

10.	Division of Corporations	
SUB.	ECT: S. P. Rose Investment Company	
	(Name of Corporation)	
DOC	UMENT NUMBER:	
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Pleas	e return all correspondence concerning this matter to the following:	
Sch	evone Rose	
	(Name of Person)	
S. F	. Rose Investment Company	
	(Name of Firm/Company)	
420	Brentwood Park Circle	
	(Address)	
Tan	pa, Florida 33624	
	(City/State and Zip Code)	
For fi	rther information concerning this matter, please call:	
Sche	evone Rose at (813) 264-5279	
	(Name of Person) at (813) 264-5279 (Area Code & Daytime Telephone Number)	
Enclo of \$3:	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	oration
Amen Divisi Clifto 2661	Address: dment Section on of Corporations n Building Executive Center Circle assee, 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 6	607.0502(2), 617.0502(2), 607.1509, or 617	'.1509,	
Florida Statutes, the undersigned, _So	chevone Rose		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	S. P. Rose Investment Company		
	(Name of Corporation)		
(Document Number, if known)			
A copy of this resignation was mailed t	o the above listed corporation at its last kno	own address.	
this statement is filed.	e discontinued on the 31st day after the date	IAL SE	
If signing on behalf of an entity:		AUG -4 AM 11:35 CRETARY OF STATE LAHASSEE. FLORIO	'n
	(Typed or Printed Name)	: 35 TATE ORIDA	
	(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\$35.00 Administratively dissolved/voluntarily dissolved/ withdrawn corporation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