

P07000105387

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

FILED
2009 OCT 21 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

PROFESSIONAL WIRING SOLUTIONS, INC.

RECEIVED
2009 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL WIRING SOLUTIONS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000105387

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:

EDIE WHITEBREAD

(Name of Person)

INCORPORATING SERVICES, LTD.

(Name of Firm/Company)

3500 S. DUPONT HWY.

(Address)

DOVE, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

EDIE WHITEBREAD

(Name of Person)

at (800) 346-4646

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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2009 OCT 21 PM 3: 27

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, INCORPORATING SERVICES LTD.

(Name of Registered Agent)

hereby resigns as Registered Agent for PROFESSIONAL WIRING SOLUTIONS, INC.

(Name of Corporation)

P07000105387

(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:

CANDICE B. SWETLAND

(Typed or Printed Name)

ASSISTANT SECRETARY

(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**