Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : HENDRY, STONER & BROWN, P.A.

Account Number : I20000000241 Phone : (407)843-5880

Fax Number : (407)425-7905

REGISTERED AGENT RESIGNATION

COUNTY FIRE SAFETY & SECURITY INC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

Division of Corporations
SUBJECT: COUNTY FIRE SAFETY & SECURITY INC
(Name of Corporation)
DOCUMENT NUMBER: P07000123001
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:
G. STEVEN BROWN
(Name of Person)
HENDRY, STONER & BROWN, P.A.
(Name of Firm/Company)
20 N. ORANGE AVE., SUITE 600
(Address)
ORLANDO, FLORIDA 32801
(City/State and Zip Code)
For further information concerning this matter, please call:
G. STEVEN BROWN (Name of Person) at (407) 843-5880 (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro-	visions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.	.1509,	
Florida Statutes, the	da Statutes, the undersigned, HENDRY, STONER & BROWN, P.A. (Name of Registered Agent)			
hereby resigns as R	egistered Agent for	COUNTY FIRE SAFETY & SECURITY (Name of Corporation)	Y INC,	
P07000123001		•		
(Document No	umber, if known)	_		
A copy of this resig	gnation was mailed to	the above listed corporation at its last kno	wn address.	
The agency is term this statement is file		discontinued on the 31st day after the date There & Brown, I.A. Jewe Brown, I.A. gnature of Resigning Agent)	PER S	09 SFP 30
If signing on behalf	f of an entity:		, '' (/)	
_	G. STEVEN BROY		ATE ORIDA	: ?
	(Typed or Printed Name)		
_	ATTORNEY			
	-	(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