P07000134018

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900163675689

01/27/10--01003--016 **10.00

01/08/10--01028--012 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2010

WM PAUL BUNNELL ACCOUNTING DEPT OF THE SE 2400 W. CYPRESS CREEK ROAD, #210 FT. LAUDERDALE, FL 33309

SUBJECT: SHMULY CORPORATION

Ref. Number: P07000134018

We have received your document for SHMULY CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 710A00001013

COVER LETTER

SUBJE	ECT: SHMULY CORPORATION							
	•		Corpora	ition)				
DOCU	MENT NUMBER: P070001340	18						
The end	closed Resignation of Registered Ag	ent for	a Corpo	ratio	n and fee	are subm	itted for	filing.
Please	return all correspondence concerning	g this m	atter to	the f	ollowing:			
WM F	PAUL BUNNELL							
	(Name of Person)	··· <u>··</u>						
ACC	OUNTING DEPT OF THE SE							
	(Name of Firm/Company)			_				
2400	W CYPRESS CREEK RD 210							
	(Address)			_				
FT LA	AUDERDALE, FL 33309							
	(City/State and Zip Code)			_				
For furt	ther information concerning this mat	ter, ple	ase call:	:				
WM P	PAUL BUNNELL	at (954)	234-728	5		
	(Name of Person)		Area Coc	le & 1	Daytime T	elephone	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, _	ACCOUNTING DEPT OF THE Southeast Inc. (Name of Registered Agent)
hereby resigns as Registered Agent	for SHMULY CORPORATION
notes, tesigns as registered registr	(Name of Corporation)
P07000134018	
(Document Number, if known)	
A copy of this resignation was mail	led to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on which
<u> V 008</u>	(Signature of Resigning Agent)
If signing on behalf of an entity:	超
WM PAUL BU	INNELL
	(Typed or Printed Name)
PRESIDENT	E.F. COTA
	(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