

PO8000073076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

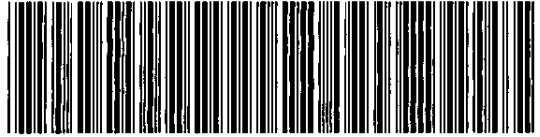
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800170880328

03/18/10--01034--011 \*\*52.50

800170880328  
03/08/10--01069--003 \*\*35.00

*RA Design*

FILED

10 MAR 17 PM 3:52

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Roberts MAR 18 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2010

MIKE LAYTON  
SHOWFORCE, INC.  
11449 CYPRESS RESERVE DR  
TAMPA, FL 33626

SUBJECT: SHOWFORCE, INC.  
Ref. Number: P08000073076

We have received your document for SHOWFORCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 110A00005905

RECEIVED  
2010 MAR 17 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Showforce, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P08000073076

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:

Mike Layton  
(Name of Person)

Showforce, Inc.  
(Name of Firm/Company)

11449 CYPRESS RESERVE DR.  
(Address)

Tampa, FL. 33626  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Layton at ( 813 ) 240-0056  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, MIKE LAYTON

(Name of Registered Agent)

hereby resigns as Registered Agent for

Showforce, Inc.

(Name of Corporation)

PO 8000073076

(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.

Mike Layton  
(Signature of Resigning Agent)

If signing on behalf of an entity:

MIKE LAYTON  
(Typed or Printed Name)

RESIGNING AGENT / Board Member  
(Capacity)

FILED  
10 APR 17 PM 3:52  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**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**