(Requestor's Name)		
(Address)	300156067723	
(Address)	000100007720	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	05/19/0901016019 **87.50	
(Document Number)	03/13/03 01010 013 ***01.30	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: BRANDHOUSE, INC.	
(Name of Corpor	ation)
DOCUMENT NUMBER: P08000099855	and the state of t
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
LARRY POLTAVTSEV	
(Name of Person)	_
TARGET LABS, INC.	
(Name of Firm/Company)	·
P.O. Box 3051	
(Address)	_
MCLEAN, VA 22103	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
LARRY POLTAVTSEV at (703) 625-6700 de & Daytime Telephone Numbe)
(Name of Person) (Area Co	de & Daytime Telephone Numbe)
	0.00

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, LARRY POLTAVTSEV
(Name of Registered Agent)
nereby resigns as Registered Agent for BRANDHOUSE, INC.
(Name of Corporation)
P08000099855
(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 his statement is filed.
(Signature of Resigning Agent) 05/12/2009
(Signature of Resigning Agent) 05/12/2009
f signing on behalf of an entity:
(Typed or Printed Name)
SE SE
SECRETARY SECRETARY (Capacity)
(Capacity) (Capacity) (Capacity) (Capacity)
in the second of
Fee for filing this document: \$27.50 - Active corporation
\$87.50 - Active corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/