P08000108459

(Requestor's Name)
(,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. LEMIEUX

JOSEPH KUHARCIK ATTORNEY AT LAW 1211 PLAZA CIRCLE SINGER ISLAND, FLORIDA 33404

☎TELEPHONE (561) 842-2477/FACSIMILE (561) 845-6958

February 6, 2012

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Woolbright Gardens, Inc., a dissolved corporation

My File No. CO 02.382

Dear Sir or Madam:

I have enclosed the following in connection with the above referenced corporation:

- 1. Cover Letter
- 2. Resignation of Registered Agent for a Corporation
- 3. Check #12722 in the amount of \$35.00

Please file the Resignation at your earliest convenience.

Very truly,

Joseph Kuharcik

Gent Kuhaveila

JK/jrg encls.

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, Joseph Kuharcik
(Name of Registered Agent)
hereby resigns as Registered Agent for Woolbright Gardens, Inc.
(Name of Corporation)
P08000108459
(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.
Joseph Kulaus (Signature of Resigning Agent)
If signing on behalf of an entity:
<u>n/a</u> 12 F
(Typed or Printed Name)
(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withdrawn corporation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

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Woolbright Gardens, Inc. (Name of Corporation)	nn)
DOCUMENT NUMBER: P08000108459)
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Joseph Kuharcik (Name of Person)	
(Name of Firm/Company)	
1211 Plaza Circle	
(Address)	
Singer Island, FL 33404	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Joseph Kuharcik at (561) (Name of Person) (Area Code	842-2477 & Daytime Telephone Number)
(Name of reison) (Area Code of	x 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