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R.A. Resign

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EXAMINER

COVER LETTER

EXPERT WILDLIFE TRAPPERS INC. (Name of Corporation) P09000004237 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN J ZYNKO (Name of Person) EXPERT WILDLIFE TRAPPERS, INC. (Name of Firm/Company) 11720 N.E. 2 AVE (Address) MIAMI, FL 33161 (City/State and Zip Code) For further information concerning this matter, please call: JOHN ZYNKO (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,JC	OHN J ZYNKO	
	(Name of Registered Agent)	_
hereby resigns as Registered Agent for	EXPERT WILDLIFE TRAPPERS, INC.	
	(Name of Corporation)	7
P09000004237		
(Document Number, if known)	upprint.	
A copy of this resignation was mailed to	o the above listed corporation at its last known addre	ss.
this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:	grature of Resigning Agent)	
	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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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