B 900011756

| (Re | equestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (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

J. 19,10



900180902919

05/17/10--01018--002 **35.00



Phil

COVER LETTER

| SUBJECT: Jack Frost Foam Equipment Corporation (Name of Corporation) | |
|--|--------------|
| DOCUMENT NUMBER: P09000011756 | |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted | l for filing |
| Please return all correspondence concerning this matter to the following: | |
| George H. Knott, Esq. | |
| (Name of Person) | |
| Knott, Consoer, Ebelini, Hart & Swett, P.A. | |
| (Name of Firm/Company) | |
| 1625 Hendry Street, Suite 301 | |
| (Address) | |
| Fort Myers, FL 33901 | |
| (City/State and Zip Code) | • |
| For further information concerning this matter, please call: | |
| George H. Knott (Name of Person) at (239) 334-2722 (Area Code & Daytime Telephone Number 1) | |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | s 607.0502(2), 617.0502(2), 607.1509, or 61 | 17.1509, |
|---|---|---------------|
| Florida Statutes, the undersigned, | George H. Knott, Esq. | |
| • | (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | Jack Frost Foam Equipment Corpor | ation |
| | (Name of Corporation) | , |
| P09000011756 | | |
| (Document Number, if known) | | |
| A copy of this resignation was maile | d to the above listed corporation at its last k | nown address. |
| The agency is terminated and the off this statement is filed. | ice discontinued on the 31st day after the da | te on which |
| | HUM | |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| , | | n tout |
| | | F 29 |
| | (Typed or Printed Name) | 2010 HAY I |
| | (Capacity) | |
| | (Сарасну) | |

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