

P09000019141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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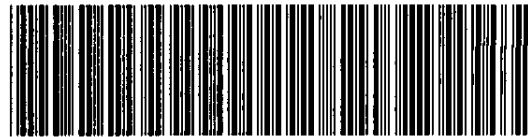
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 23 AM 9:28

R. A. Reseign
C.COULLIETTE

DEC 29 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONE PLACE LIKE HOME INC
(Name of Corporation)

DOCUMENT NUMBER: P09000019141

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:

MIGUEL MATA, CPA

(Name of Person)

(Name of Firm/Company)

P.O. BOX 1407

(Address)

MELBOURNE, FL 32902

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL MATA

(Name of Person)

at (321) 917-8037

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

PERSONNEL FILE

**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, MIGUEL MATA

(Name of Registered Agent)

hereby resigns as Registered Agent for ONE PLACE LIKE HOME INC

(Name of Corporation)

P09000019141

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

MIGUEL MATA

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 23 AM 9:28

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withdrawn corporation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