

P09000036940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

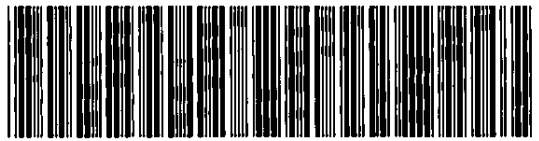
(Business Entity Name)

(Document Number)

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*Resignation
of RA*

06/15/09--01040--020 **87.50

2009 JUN 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*Doc
6/18/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: universal painting and coatings, corp
(Name of Corporation)

DOCUMENT NUMBER: P09000036940

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:

Phillip Lafata
(Name of Person)

universal painting and coatings
(Name of Firm/Company)

930 Northern Dancer Way Apt. 102
(Address)

Casselberry Fl 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip Lafata at (407) 232-1280
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2009 JUN 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Phillip Lafata
(Name of Registered Agent)

hereby resigns as Registered Agent for Universal Painting and Coatings, Corp
(Name of Corporation)

PO9 0000 316940
(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.

Phillip Lafata
(Signature of Resigning Agent)

If signing on behalf of an entity:

Phillip Lafata
(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**