P09000065591

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FMR FORMS, INC. (Name of Corporation)
DOCUMENT NUMBER: P09000065591
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:
(Name of Person)
FMR Farms, Two c (Name of Firm/Company)
5000 LAKE PIERCE DR (Address)
LAKE WALES FL 33878 (City/State and Zip Code)
For further information concerning this matter, please call:
SHARINEYER at (727) 536-1219 (Name of Person) at (727) 636-1219 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

1

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, TEIUNG W. MEYEVE (Name of Registered Agent)
hereby resigns as Registered Agent for FMR FOIMS, IN C. (Name of Corporation)
P090000 6559 1 (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 of which this statement is filed. (Signature of Resigning Agent)
If signing on behalf of an entity:
TWR Forms, IN a LINE FORMS, IN a (Typed or Printed Name)
REGISTERED AGENTIN
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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