## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number : (702)866-2500 : {702}866-2689

\*\*Enter the email address for this business entity to be used for furnite annual report mailings. Enter only one email address please. \*\*

### REGISTERED AGENT RESIGNATION EXCALIBUR CONTRACTING CORPORATION

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0
03
\$87.50

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Electronic Filing Menu

Corporate Filing Menu

Help

#### **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJI	EXCALIBUR CONT	TRACTING CORPORATION		
	MENT NUMBER:	(Name of Corporation) P0900083904		
The en	closed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.		
Please	return all correspondence cor	ncerning this matter to the following:		
	Wendy Hefl	ley		
	(Name of Pers	on)		
	incorp Service	-		
	(Name of Firm/Co	impany)		
	2360 Corporate Circl	<u> </u>		
	(Address)			
	Henderson, NV			
F., 6.	(City/State and Zip			
	ther information concerning	•		
Wendy Hefley for Incorp Services, Inc. at ( 702 ) 866-2500 ext. 6601				
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclos or \$35	ed is a check made payable to .00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporationsolved, voluntarily dissolved or withdrawn corporation.	ion	
Ameno Division Clifton 2661 E	Address: iment Section on of Corporations Building executive Center Circle assee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	ions 607.0502(2), 617.0502(2), 607.15	609, or 617.1509,	
Florida Statutes, the undersigned,	Incorp Services, Inc.		
1 101100 Dillianing the mineral Bread	Agent)		
hereby resigns as Registered Ager	EXCALIBUR CONTRACTING	3 CORPORATION	
neredy resigns as registered regis	(Name of Corporation)		
P09000083904			
(Document Number, if known)			
A copy of this resignation was ma	ailed to the above listed corporation at	its last known address.	
this statement is Elect	office discontinued on the 31st day aft	er the date on which	
· Ne	(Signature of Resigning Agent)		
	(Significant of recogning Agent)		
If signing on behalf of an entity:	- 1	<b>≥</b> ₩ <b>5</b>	
Wend	dy Hefley	FEB 1	
	(Typed or Printed Name)		
		# R 1	
Autho	orized Representative	<u></u>	
<del>_</del>	(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