

P09000096843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

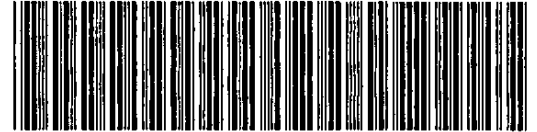
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HARRISBURG PA 17103

RA  
Resign.  
10/2/13  
D

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lillie Marketing, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000096843

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:

Janice Carpenter

(Name of Person)

Lillie Marketing, Inc.

(Name of Firm/Company)

15743 Peace Blvd

(Address)

Spring Hill, FL 34610

(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Carpenter

(Name of Person)

at ( 727 ) 856-3586

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, InCorp Services, Inc.

(Name of Registered Agent)

hercby resigns as Registered Agent for Lillie Marketing, Inc.

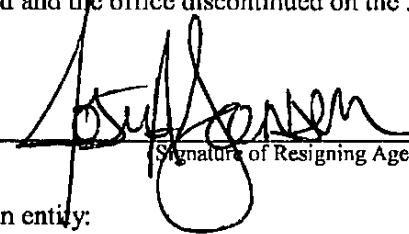
(Name of Corporation)

P09000096843

(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:

Josie A Sorensen on behalf of Incorp Services, Inc.  
(Typed or Printed Name)

Authorized Person

(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

FILED  
19 SEP 24 PM 4:28  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS