P10000037802

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations FIRST UNITED CONSULTANTS, INC. (Name of Corporation) DOCUMENT NUMBER: P10000037802 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: .AYNE VEREBAY (Name of Person) LAYNE VEREBAY, P.A. (Name of Firm/Company) 7800 W. OAKLAND PARK BLVD., B-104 (Address) SUNRISE, FL 33351 (City/State and Zip Code) For further information concerning this matter, please call: LAYNE VEREBAY

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



7800 West Oakland Park Blvd. Bldg. B, Suite 104 Sunrise, FL 33351 Tel: (954) 745-8100 Fax: (954) 745-8111 layne@verebaylaw.com

July 1, 2013

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Resignation to First United Consultants, Inc.

Dear Sir/Madame:

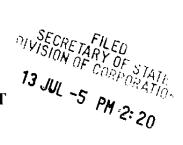
Enclosed please find my Resignation of Registered Agent to the above corporation and my check in the sum of \$35.00.

Very truly yours,

Layne Vorebay

LV/jc Enclosure

cc: First United Consultants, Inc.



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, LAYNE VEREBAY
(Name of Registered Agent)
hereby resigns as Registered Agent for FIRST UNITED CONSULTANTS, INC.
(Name of Corporation)
P1000037802
(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:
(Typed or Printed Name)
(Capacity)
, L

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