

P100000041819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

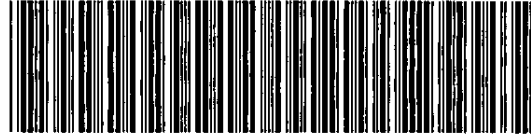
(Business Entity Name)

(Document Number)

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01/25/16--01022--020 \*\*87.50

Resignation  
of RA

FILED  
16 JAN 25 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 26 2016  
A RAMSEY

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Guy Barrette Electrical Contractor  
of Volusia County Inc  
(Name of Corporation)

DOCUMENT NUMBER: P10000041819

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:

Hannah Boyd  
(Name of Person)

Business Control Service, Inc  
(Name of Firm/Company)

3925 S. Nova Rd  
(Address)

Port Orange, FL 32127  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hannah Boyd at (386) 760-5454  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
16 JAN 25 PM 3:47

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1809 and 617.1506  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Statutes, the undersigned, \_\_\_\_\_

Michael Belus

(Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_

Guy Barrette Electrical

Contractor of Volusia County,  
Inc

(Name of Corporation)

P10000041819

(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)

**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**