## P110000043482

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000236025190

06/08/12--01025--013 \*\*87.50

DIVISION OF CORPORNAL AT 12 JUN -8 AM 9: 23

RA RES

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Fac Man, Inc.  (Name of Corporation)  DOCUMENT NUMBER: P11000063482
DOCUMENT NUMBER: P11000063482
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)
(Name of Firm/Company)
930 Mission Hill Road (Address)
Boyn ton Beach to 33+35 (City/State and Zip Code)
For further information concerning this matter, please call:
Br. in Hogan at (808) 282-7460  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Clifton Building Clifton Eccutive 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, BRian Hogan (Name of Registered Agent)
hereby resigns as Registered Agent for Fac May, Inc. (Name of Corporation)
P11000063482
(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.
R
(Signature of Resigning Agent)
If signing on behalf of an entity:  (Typed or Printed Name)  (Typed or Printed Name)
(Typed or Printed Name)
9.23
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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