## P120000008507

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States Zipir Holle #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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resignation 86 RA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FRANK E. JEWETT, PA
(Name of Corporation)
DOCUMENT NUMBER: P12000008507
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:
ROBIN MOLT
(Name of Person)
Corporaiton Service Company
(Name of Firm/Company)
80 State Street
(Address)
Albany NY 12207
(City/State and Zip Code)
For further information concerning this matter, please call:
Robin Molt  (Name of Person)  at (518) 433-7018 ext 60311  (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corpor or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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7.7
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 SOC 6171 SOC FLORIUM Florida Statutes, the undersigned, Corporation Service Company (Name of Registered Agent)
Florida Statutes, the undersigned. Corporation Service Company ALLANASSE
(Name of Registered Agent)
hereby resigns as Registered Agent for FRANK E. JEWETT, PA
(Name of Corporation)
P12000008507
(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.  Corporation Service Company
(Signature of Resigning Agent)
If signing on behalf of an entity:
Robin Molt
(Typed or Printed Name)
asst secretary
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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