## Piacoda104

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
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JAN 29 2013

R. WHITE

3 JAN 25 AM IU: 53 DECRETARY OF STATE ALLAHASSEE, FLORMA

## **COVER LETTER**

TO: Amondment Cartion
TO: Amendment Section Division of Corporations
SUBJECT: Name of Corporation)
DOCUMENT NUMBER: P1200062104
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:
DAVE DONATO (Name of Person)
BALL SHACK INC. (Name of Firm/Company)
1302 E. ALTAMONTE DR. (Address)
ALTAMONTE SPRINGS, FL 32701 (City/State and Zip Code)
For further information concerning this matter, please call:
DAVE DONATO at (407) 571-9730
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 61617.	1309,
Florida Statutes, the undersigned, GARPETT (Name of Registered Agent)	<del>2</del>
hereby resigns as Registered Agent for BALL SHACK TOX (Name of Corporation)	
P1200062104 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	wn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.  (Signature of Resigning Agent)	on which
If signing on behalf of an entity:	13 JAN 2 SECRETAR TALLAHASS
(Typed or Printed Name)	LED 25 MID: 54 RY OF STATE SEE, FLORDA
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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