## P/2000078739

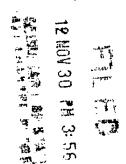
(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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AResign.
12-4-12

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Steel TT OR P. (Name of Corporation)

DOCUMENT NUMBER: 200078739

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)

16673 SW 80 Terk
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (305) 384 - 8810 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.	.1509,		
Florida Statutes, the undersigned, (Name of Registered Agent)	2	_	
hereby resigns as Registered Agent for (Name of Corporation)    Corporation   Corporat	· Co(	24	),
A copy of this resignation was mailed to the above listed corporation at its last kno	wn addr	ess.	
The agency is terminated and the office) discontinued on the 31st day after the date this statement is filed.  (Signature of Resigning Agent)	Kirke of 1782		po linguis parties.
If signing on behalf of an entity:		12 NOV 30 FM	
(Typed or Printed Name)		3: 55 5	1
(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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