

P13000015042

(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:

Office-Use Only



600262666216

07/28/14--01029--013 **87.50

FILED
14 JUL 28 PM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.M.
8-11-14

FILED
14 JUL 28 PM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Buy Rugs Not Drugs Inc.
(Name of Corporation)

DOCUMENT NUMBER: 713 0000 15042

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:

Kim Shroyer
(Name of Person)

Kim Shroyer GENERAL DELIVERY
(Name of Firm/Company)

100 South Belcher Rd.
(Address)

CLEARWATER FL 33765
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Shroyer at (727) 282-9692
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

KS ✓ 1064
check

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, Kim Shroyer

(Name of Registered Agent)

hereby resigns as Registered Agent for Buy Rugs Net Deugs Inc.

(Name of Corporation)

713 0000 15042

(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.

Kim Shroyer

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
14 JUL 28 PM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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**