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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6134

From:
Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120100000128
Phone : (850)766-3434
Fax Number : (850)344-9731

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcampfield@handfirm.com

REGISTERED AGENT RESIGNATION
PANAMA CITY STONE INC

Certificate of Status	1
Certified Copy	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PANAMA CITY STONE INC

(Name of Corporation)

DOCUMENT NUMBER: P13000098475

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:

MALIK, KIMBERLY A

(Name of Person)

PANAMA CITY STONE INC

(Name of Firm/Company)

7500 HOLLEY CIRCLE

(Address)

PANAMA CITY BCH, FL 32408

(City/State and Zip Code)

For further information concerning this matter, please call:

MALIK, KIMBERLY A

(Name of Person)

at (850 223-0418)

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, HAND ARENDALL HARRISON SALE, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for PANAMA CITY STONE, INC.

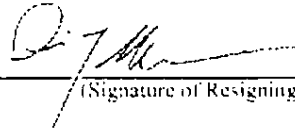
(Name of Corporation)

P13000098473

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$33.00 - 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

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