P14000008939

(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:	





400258811334

resignation 00 RA

04/14/14--01036--015 **87.50



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: All Decked Out of NWFL I	nc
(Name of Corporation DOCUMENT NUMBER: P14000008939	ion)
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Patricia K Hagan	
(Name of Person)	•
Patricia K Hagan CPA	
(Name of Firm/Company)	-
1651 W Highway 90	
(Address)	-
Baker FL 32531	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Patricia K Hagan at (850	,683-8895
	& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 2PH APR 14 PM 1: 35 FOR A CORPORATION

	4.5%
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509.	, or 617.1509,
Florida Statutes, the undersigned, Patricia K. Hagan	
(Name of Registered Ager	
hereby resigns as Registered Agent for All Decked Out of NWF	L Inc
(Name of Corporation)	
P1400008939	
(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 this statement is filed.	the date on which
Yakucia K. Klagan (Signature of Resigning Agent)	4/10/2014
If signing on behalf of an entity:	
(Typed or Printed Name)	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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