## P14000045801

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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resignation 9



A RAMSEY

February 16, 2016

DE Robinson, Inc. 10884 Copperhill Dr. Jacksonville, Fl. 32818

**Deborah S. Martin** 7968 Renault Dr. Jacksonville, FL. 32244

RE: RESIGNATION of Registered Agent and Secretary
Corporate Doc.# P14000045801
EIN# 47-0964245

## Gentlemen,

As you know March 1, 2015 I verbally resigned as your registered agent and officer affiliation with D.E. Robinison, Inc in March of 2015.. I received notification that you did not file your state Department of Revenue return for 2015 so am now forwarding that to your address of record along with this official letter notifying you and the State of Florida. Apparently you did not file the proper state and federal returns and I do not know how to contact you now. I believe the corporation is insolvent and you may be incarcerated but that was rumor and since I have not had contact with you I do not know.

When I resigned the company it was my understanding you were going to change the registered agency but this is your WRITTEN notice I have had no involvement or knowledge of what has happened so I can't be on record as agent and obviously am not an officer.

Sincerely,

Deborah S. Martin

cc/ State of Florida Dept. of Revenue

attachment: Dept of Revenue Notification

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DE Robinson Inc	
(Name of Corporation)  DOCUMENT NUMBER: P140000 45801	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	g.
Please return all correspondence concerning this matter to the following:	
DeBorsh Martin	
DE Robinson Fnc (Name of Firm/Company)	
7968 Renauett Dr	
(Address)  Jay F1 3224  (City/State and Zip Code)	
For further information concerning this matter, please call:	
Nebolah Martin at (904) 210-7282 (Name of Person) (Area Code & Daytime Telephone Number)	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGEN FOR A CORPORATION

16 APR 25 PM 12: 00

SECRETARY OF STATE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509AbL617AS65, FLORIDA
Florida Statutes, the undersigned, DeboRak Work Hin (Name of Registered Agent)
hereby resigns as Registered Agent for DE Robinson, The (Name of Corporation)
(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.
Cobocal Martin (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

\$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