P1600039580

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fill	ing Officer:	· · · · · · · · · · · · · · · · · · ·





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2016 SEP 26 PM 12: 55

SEP 3 0 2018

C LEWIS

COVER LETTER

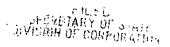
	nent Section of Corporations			
SUBJECT: Th	ne George and '	Wendy S	how, Inc.	
DOCUMENT :	۱۸ NUMBER: P160000395	lame of Corporati	on)	
The enclosed Re	esignation of Registered Age	ent for a Corpora	ation and fee are submitt	ed for filing.
Please return all	correspondence concerning	this matter to th	ne following:	
Christop	her Gabaldon (Name of Person)			
Diesel Li				
P.O. Box				
Auburnd	ale, FL 33823 (City/State and Zip Code)			
For further info	mation concerning this matt	er, please call:	•	
	her Gabaldon (Name of Person)	at (863 (Area Code	967-3557 & Daytime Telephone Nu	mber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 2016 SEP 26 PM 12: 55 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Christopher Gabaldon
(Name of Registered Agent)
hereby resigns as Registered Agent for The George and Wendy Show, Inc.
(Name of Corporation)
P16000039580
(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)
M) (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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