P93000027377

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(5)	- Calle N	
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

R.A. Resign.

5/22/09

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Royal Enterprises &	
	(Name of Corporation)
DOCUMENT NUMBER: P9300	00027377
The enclosed Resignation of Register	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Gloria Young	
(Name of Person	on)
Royal Enterprises & Supply, Inc	
(Name of Firm/Con	mpany)
6330 Madison Street	
(Address)	
Hollywood, FL 33023	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
Gloria Young	at (954) 325-1517 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.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 FOR A CORPORATION

	The state of the s
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 4	17.150 See Or S. 2.
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	17.150 %
Florida Statutes, the undersigned, Susan N. Gloeckner	2027
(Name of Registered Agent)	- NOA
hereby resigns as Registered Agent for Royal Enterprises & Supply, Inc. (Name of Corporation)	
P93000027377	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last k. The agency is terminated and the office discontinued on the 31st day after the dathis statement is filed.	
Suar M. Alloeckens (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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