

P93000036586

(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:

Office Use Only



300273287953

06/08/15--01037--020 **1120.00

FILED

15 JUN -8 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ra Resignation

JUN 22 2015

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOBLAND, INC.

(Name of Corporation)

DOCUMENT NUMBER: P93000036586

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:

JOHN T. CHANDLER

(Name of Person)

Attorney at law

(Name of Firm/Company)

900 VIRGINIA AVENUE, STE. 7

(Address)

FORT PIERCE, FL 34982

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN T. CHANDLER at **(772) 464-3774**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
15 JUN -8 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ROBERT J POPOLA

(Name of Registered Agent)

hereby resigns as Registered Agent for BOBLAND, INC.

(Name of Corporation)

P93000036586

(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:

ANGELA JOY LARKINS

(Typed or Printed Name)

President and

PERSONAL REPRESENTATIVE OF THE ESTATE OF ROBERT J. POPOLA

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN -8 AM 10:17

FILED

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**