PA-3000051993

(Re	equestor's Name)	<u> </u>
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone /	<u> </u>
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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T. Smith AUG 0 3 2003

RE'S

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SOUTHPOINT DIVERS, INC. (Name of Corporation)
DOCUMENT NUMBER: P93000051993
DOCUMENT NUMBER:
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:
STEVEN B. ESQUINALDO
(Name of Person)
STEVEN B. ESQUINALDO, P.A.
(Name of Firm/Company)
3706 N. ROOSEVELT BLVD, SUITE I
(Address)
KEY WEST, FLORIDA 33040
(City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN B. ESQUINALDO at (305) 295-9499 (Name of Person) (Area Code & Daytime Telephone Number)
(Area Code & Dayline 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursiant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617 .	.1509,
Florida Statutes, the undersigned, STEVEN B. ESQUINALDO	<u>* ::</u>
(Name of Registered Agent)	
hereby resigns as Registered Agent for SOUTHPOINT DIVERS, INC.	
(Name of Corporation)	
P93000051993	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
Ster B. Equivalent (Signature of Resigning Agent)	e.
If signing on behalf of an entity:	
(Typed or Printed Name)	DS TALL
	AR →
	SS -
(Capacity)	— F.
	FILED IMRY OF STAT ASSEE FLORID
For for filing this do summer to	48 11E 84
Fee for filing this document: \$87.50 - Active corporation	
407.50 - Active Colporation	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/