

P94000000371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

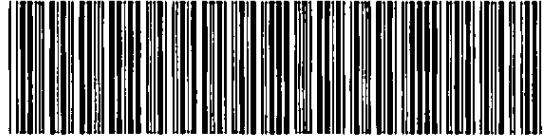
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400316123084

07/25/18--01005--001 \*\*4305.00

18 JUL 25 AM 9:36

18 JUL 25 AM 11:19

RECEIVED  
OFFICE OF THE CLERK  
JUL 25 2018

JUL 25 2018  
D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PEST DEFENSE OF MANASOTA, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P94000000371

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:

Karen Loraine  
(Name of Person)

GrayRobinson, P.A.  
(Name of Firm/Company)

1795 W. Nasa Blvd.  
(Address)

Melbourne, FL 32901  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Deering at ( 321 ) 727-8100  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

|                              |                          |
|------------------------------|--------------------------|
| <b>Street Address:</b>       | <b>Mailing Address:</b>  |
| Amendment Section            | Amendment Section        |
| Division of Corporations     | Division of Corporations |
| Clifton Building             | Post Office Box 6327     |
| 2661 Executive Center Circle | Tallahassee, FL 32314    |
| Tallahassee, FL 32301        |                          |

**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, **Patrick Healy**

(Name of Registered Agent)

hereby resigns as Registered Agent for **PEST DEFENSE OF MANASOTA, INC.**

(Name of Corporation)

**P94000000371**

(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.

*[Handwritten Signature]*

(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

FILED  
DIVISION OF STATE  
CORPORATIONS  
JUL 25 AM 11:10