## P94000003000

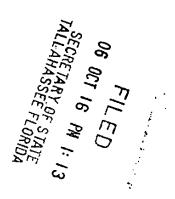
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	7
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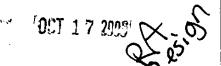
Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: GREENBLADES OF CENTRAL FLORIDA, INC.
(Name of Corporation)
DOCUMENT NUMBER: P94000008000
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:
G. Edward Clement (Name of Person)
Potter Clement Lowry & Duncan
(Name of Firm/Company)
308 East Fifth Avenue
(Address)
Mount Dora, Florida 32757
(City/State and Zip Code)
For further information concerning this matter, please call:
G. Edward Clement at ( 352 ) 383.4186
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,	
Florida Statutes, the undersigned,G. EDWARD CLEMENT		
(Name of Registered Agent)		
hereby resigns as Registered Agent for GREENBLADES OF CENTRAL FLORIDA, I (Name of Corporation)	NC.	.,
P9400008000		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	n address.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which	
S. Estaw Classe (Signature of Resigning Agent)		
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
(Typed or Printed Name)	AE SE	) N
	ARE S	2
	TAF ASS	<u> </u>
(Capacity)	SEE O	TLED
	E S	. D
	RAT :	
Fee for filing this document:	DA 3	
\$87.50 - Active corporation		

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/