P94000039899

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Carbide Wear Surfaces, Inc.
	(Name of Corporation)
DOC	MENT NUMBER: P94000039899
The er	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Mark	Smith
	(Name of Person)
Carb	ide Wear Surfaces, Inc.
	(Name of Firm/Company)
3101	Meadows Circle
	(Address)
Mira	mar, FL 33025
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
Mark	Smith at (
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Ameno Divisio P.O. B	g Address: Innent Section In of Corporations Ox 6327 Seee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.	.1509,	
Florida Statutes, the undersigned, Do	onald P. Dufresne	<u> </u>	
(Name of Registered Agent)			
hereby resigns as Registered Agent for			
	(Name of Corporation)		
P94000039899		 ;	
(Document Number, if known)			
A copy of this resignation was mailed to	o the above listed corporation at its last kno	wn address.	
this statement is filed.	discontinued on the 31st day after the date	on which	-
(Sig	gnature of Resigning Agent)		
If signing on behalf of an entity:		03 SEP -2	1
	Typed or Printed Name)	2 PM 214	III U
	(Capacity)	A	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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