P9400053952

(Re	equestor's Name)	
(A.I	!.l	 ,
(Ad	idress)	
(Ad	dress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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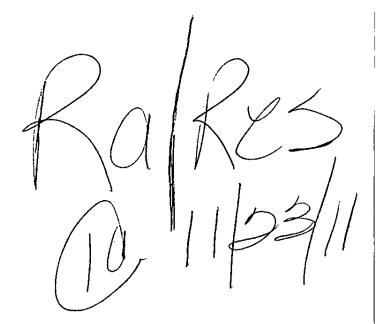
Office Use Only



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SECRETARY OF SIMIL DIVISION OF CORPORATIONS



COVER LETTER

Division of Corporations
SUBJECT: PETER STONE CO., U.S.A., INC.
(Name of Corporation)
DOCUMENT NUMBER: P94000053952
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:
Megan Hewes c/o CorpCo
(Name of Person)
Corporations & Companies, Inc.
(Name of Firm/Company)
910 Foulk Road, Suite 201
(Address)
Wilmington, DE 19803
(City/State and Zip Code)
For further information concerning this matter, please call:
Megan Hewes at (302) 652-4800
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,		
Florida Statutes, the undersigned, ARD, SHIRLEY & RUDOLPH, P.A.		
(Name of Registered Agent)		
hereby resigns as Registered Agent for PETER STONE CO., U.S.A., INC.	•	
(Name of Corporation)	•	
P94000053952		
(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)		<i>-</i>
If signing on behalf of an entity:	11 NOV	SECISION
Samual J. Ard	V 22	937
(Typed or Printed Name)	AH	SP(CF)
President	9:2	STAIL

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

(Capacity)