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DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street Suite 203 Plantation, Florida 33317 Telephone (954) 316-5033 Fax (954) 316-5037

November 1, 2005

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

Re:

Segal, Inc.

Document # P94000081147

Gentlemen:

Enclosed herein find Resignation of Registered Agent and Statement of Change of Registered Agent with respect to the above referenced entity, together with check in the amount of \$122.50 representing your fees for these documents.

Kindly forward the appropriate correspondence/documents to the undersigned at your earliest opportunity.

In the event you require any additional information, please do not hesitate to contact my office.

Thank you in advance for your courtesy and prompt response.

Very truly yours,

DAVID J. SCHOTTENFELD

DJS/mib Encl.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SEGAL, INC
(Name of Corporation)
DOCUMENT NUMBER: P94000081147
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:
Segal, Inc.
(Name of Person) c/o David J. Schottenfeld, P.A.
(Name of Firm/Company)
7520 NW 5 Street # 203
(Address)
Plantation, FL 33317
(City/State and Zip Code)
For further information concerning this matter, please call:
David J. Schottenfeld, Esq at (954) 316-5033 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT 05 NOV -4 PM 3: 28

	LONE MAY UF STA TALLAHASSEE, FLOI
Pursuant to the provisions of sections 607.	.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	DEREK SEGAL (Name of Registered Agent)
hereby resigns as Registered Agent for	SEGAL, INC. (Name of Corporation)
P94000081147	
(Document Number, if known)	
A copy of this resignation was mailed to the	he above listed corporation at its last known address.
this statement is filed.	scontinued on the 31st day after the date on which ture of Resigning Agent)
If signing on behalf of an entity:	
(Тур	ped 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