

P94000081147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05 NOV -4 PM 3:28

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25 11/8/05
MCS.

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street
Suite 203
Plantation, Florida 33317

Telephone (954) 316-5033
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November 1, 2005

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

Re: Segal, Inc.
Document # P94000081147

Gentlemen:

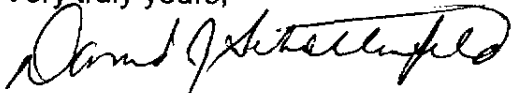
Enclosed herein find Resignation of Registered Agent and Statement of Change of Registered Agent with respect to the above referenced entity, together with check in the amount of \$122.50 representing your fees for these documents.

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.

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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(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)

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withdrawn corporation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**