# Florida Department of State

Division of Corporations Public Access System

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From:

Account Name : THE HOGAN LAW FIRM

Account Number : I20010000137 Phone

: (352)799-8423

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## REGISTERED AGENT RESIGNATION

WILLIAMSON ENTERPRISES OF WATERTOWN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$140.00

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#### TRANSMITTAL LETTER

TO: Amendment Secti Division of Corpo	
SUBJECT: Williamson	Enterprises of Watertown, Inc.
	(Name of Corporation)
DOCUMENT NUMBER	P94000091366
The enclosed Resignation	of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
Thomas S. Hogan, Jr.	, Esq.
(Na	me of Person)
The Hogan Law Firm	
(Name	of Firm/Company)
P.O. Box 485	
	(Address)
Brooksville, FL 34605	-0485
(City/St	ate and Zip Code)
For further information co	oncerning this matter, please call:
Deborah Hogan, Esq.	at ( 352 ) 799-8423 (Area Code & Daytime Telephone Number)
(Name of F	erson) (Area Code & Daytime Telephone Number)
Enclosed is a check made or \$35.00 for an administr	payable to the Florida Department of State for \$87.50 for an active corporation atively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

3. 2003 10:48AM		No.0968 P. 3/3
((	((H03000098854 0)))	E.
	N OF REGISTERED AGENT A CORPORATION	O3 APR -3 PH 1:42  SECRETARY OF STATE ORIDA
Pursuant to the provisions of sections 60		17.1509,
Florida Statutes, the undersigned, The	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Williamson Enterprises of Watertow (Name of Corporation)	n, Inc.
H03000098854 0		·
(Document Number, if known)		•
A copy of this resignation was mailed to	the above listed corporation at its last k	nown address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the da	te on which
If signing on behalf of an entity:	O	·
	Typed or Printed Name)	<b></b>
•		

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