## P9500008169

(Requestor's Name)				
(Address)				
, , , , , , , , , , , , , , , , , , ,				
(Address)				
(City/State/Zip/Phone #)				
•				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400129434824

05/20/08--01026--005 \*\*87.50

OB MAY 20 AM 8: 44
SECRETARY OF STATI

R.A. Lesign

G. Couliers MAY 2 8 2008

## **COVER LETTER**

TO:	Amendment Section	
	Division of Corporations	
SUВЛ	ECT: Symmetrical Stair, Inc.	
<del></del>	(Name of Corporation)	
DOCU	UMENT NUMBER: P95000008169	
Γhe en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please	return all correspondence concerning this matter to the following:	
Robe	ert Seiden	
	(Name of Person)	
Buck	kingham, Doolittle & Burroughs, LLP	
	(Name of Firm/Company)	
5355	5 Town Center Road, Suite 900	
	(Address)	
Boca	a Raton, Florida 33486	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
Rana	a M. Gorzeck at ( 561 ) 241-0414	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, BD	DB Agent Co.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for		
, , ,	(Name of Corporation)	<del></del> -
P95000008169		
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed t	o the above listed corporation at its last kno	wn address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date	on which
(Si	ignature of Resigning Agent)	
If signing on behalf of an entity:		
Jeffrey D. Weinst		081 SECI
	(Typed or Printed Name)	生命 美
Assistant Secreta	ıry	OB MAY 20 AM ECRETARY OF LLAHASSEE, F
	(Capacity)	
		SIAT

## 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