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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------------|--|
| SUB | JECT: Roll-Masters, Inc. (Name of Corporation) |
| DOG | CUMENT NUMBER: P95000030306 |
| The | enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Plea | se return all correspondence concerning this matter to the following: |
| An | thony Brummer |
| , | (Name of Person) |
| Ro | II-Masters, Inc. |
| | (Name of Firm/Company) |
| 32 | 61 SE 41st Place |
| | (Address) |
| Od | cala, FL 34480 |
| | (City/State and Zip Code) |
| For | further information concerning this matter, please call: |
| An | thony Brummer at (352) 216-8010 (Nanie 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, FILED FOR A CORPORATION SECRETARY OF THE PROPERTY OF THE PRO |
|--|
| FOR A CORPORATION |
| TALELADO AM 9: 0 |
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, FLORIS |
| Florida Statutes, the undersigned, John S. Simons (Name of Registered Agent) |
| hereby resigns as Registered Agent for Roll-Masters, Inc. |
| (Name of Corporation) |
| P95000030306 |
| (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) |
| (Typed of Frinted Name) |
| i . |

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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