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## -Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0380

From

Account Name : MORAN & SHAMS, P.A.

Account Number : 120000000003 Fhone : (407)841-4141 Fax Number : (407)841-4148

DIVISION OF CORPORATIONS

## REGISTERED AGENT RESIGNATION

FITZGERALD ADVERTISING AND PUBLIC RELATIONS, INC.

Certificate of Status -	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

-FA Resign. 3/5/03

Dc

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
and
SURJECT: Fitzgerald Advertising / Public Relations, Inc.
(Name of Corporation)
DOCUMENT NUMBER:
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:
Thomas P. Moran, Esquire
(Name of Person)
Moran & Shams, P.A.
(Name of Firm/Company)
· · · ·
111 N. Orange Avenue, Suite 1200
(Address)
Orlando, Florida 32801
(City/State and Zip Code)
For further information concerning this matter, please call:
Thomas P. Moran at (407 ) 841-4141 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
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

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## 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, Thomas P. Moran, Esquire
(Name of Registered Agent)
hereby resigns as Registered Agent for <u>Fitzgerald Advertising</u> / <u>Public Relations</u> . Inc. (Name of Corporation)
P95000046581
(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.
this statement is med.
Visionature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
The state of the s
- ATTIC
(Typed or Printed Name) 23 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(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
Tailahassee, FL 32314

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