

P95000049390

(Requestor's Name)

**DEBREN FOODS INC.**  
**P.O. BOX 18181**  
**CLEARWATER, FL. 33762**  
**727-299-0662**

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200253544302

11/22/13--01011--014 \*\*35.00

12/19/13--01023--004 \*\*52.50

FILED  
13 DEC 18 PM 3:29  
STATE/DEPT OF STATE  
TALLAHASSEE, FLORIDA

*asker 12/21/13*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2013

DEBREN FOODS INC  
P.O. BOX 18181  
CLEARWATER, FL 33762

SUBJECT: DEBREN FOODS, INC.  
Ref. Number: P95000049390

We have received your document for DEBREN FOODS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 213A00027347

**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, Elaine Van Dyke

(Name of Registered Agent)

hereby resigns as Registered Agent for Debren Foods Inc.

(Name of Corporation)

95000049390

(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:

Elaine Van Dyke

(Typed or Printed Name)

Secretary

(Capacity)

FILED  
13 DEC 18 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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withdrawn corporation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**