

P95000050246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

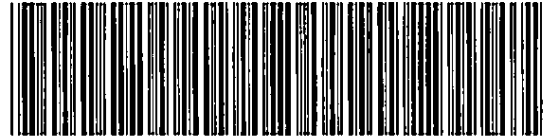
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400316123244

07/25/18--01005--001 \*\*4305.00

18 JUL 25 AM 9:30

18 JUL 25 PM 12:03

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUL 25 2018

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHARON B. QUARRIE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000050246

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:

Karen Loraine  
(Name of Person)

GrayRobinson, P.A.  
(Name of Firm/Company)

1795 W. Nasa Blvd.  
(Address)

Melbourne, FL 32901  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Deering at ( 321 ) 727-8100  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
8 JUL 25 PM 12:03

**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, Patrick Healy

(Name of Registered Agent)

hereby resigns as Registered Agent for SHARON B. QUARRIE, INC.

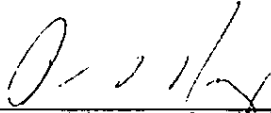
(Name of Corporation)

P95000050246

(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)

(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

Tallahassee, FL 32314

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 25 PM 12:09