## P95000053004

- (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



500024944955

11/26/03--01032--019 \*\*87.50

FILED

03 NOV 26 PM 3: 35

SCHEINRY OF SIMIS

Cas Day March

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: He Breet Ansica Builder and Assails de
DOCUMENT NUMBER: 195 800 53004
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:
Everett & Sounday = (Name of Person)
Me Great American Brieflew and American. (Name of Firm/Company)
4/1 Coraset Stuenus (Address)
Jacksonville F2 3225 (City/State and Zip Code)
For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Name of Person)

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

O3 NOV 26 PH 3: 35

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,		
Florida Statutes, the undersigned, GRECORY A. BOWLES (Name of Registered Agent)		-	
hereby resigns as Registered Agent for the their frame of Corporation frame of Corporation	ulden	<u>)</u>	
P9500053004	•		
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last know	vn address	•	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which		
JAR.			
(Signature of Resigning Agent)	20	ස	
If signing on behalf of an entity:	LAHA	3 NOV 26	<u> </u>
(Typed or Printed Name)	SSEE,	26 PM	m
· · · · · · · · · · · · · · · · · · ·	STATE FLORID	<u>ઃ</u> ઃ	O

## 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withdrawn corporation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)