P9500056327

(Re	questor's Name)	<u></u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone f	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
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(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	



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Mesignation

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Office Use Only

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00524, 00672



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 9, 2005

S. Silverman Light Bulb Depot Ent. P.O. Box 1027 Deerfield Beach, FL 33443

SUBJECT: LIGHT BULB DEPOT ENT, INC.

Ref. Number: P95000056327

We have received your document for LIGHT BULB DEPOT ENT, 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):

This corporation has been voluntarily dissolved. Therefore the registered agent can not be changed. I have enclosed a refund application for you to fill out and return to us.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Letter Number: 005A00051138

Annette Ramsey Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LIGHT BULB DEPOT ENT INC	
DOCUMENT NUMBER: P95000056327	
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: S. SILVERMAN	
(Name of Person)	
(Name of Firm/Company)	
PO BOX 1027 (Address)	
DEEREIELD BEACH, FL 33427	_
For further information concerning this matter, please call:	
S SILVERMAN at (954) 360-9929 (Name of Person) (Area Code & Daytime Telephone Number)	
	oration
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	
	Division of Corporations SUBJECT: LIGHT BULB DEPOT ENT INC (Name of Corporation) DOCUMENT NUMBER: P95000056327 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: S. SILVERMAN (Name of Person) (Name of Firm/Company) DEFREIELD BEACH, FL 33427 (City/State and Zip Code) For further information concerning this matter, please call: S SILVERMAN (Name of Person) at (954) 360-9929 (Name of Person) Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corpor \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509
Florida Statutes, the undersigned, Joe Luiz
(Name of Registered Agent)
hereby resigns as Registered Agent for LIGHT BULB DEPOT ENT INC
(Name of Corporation)
P95000056327
(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:
and the second s
(Typed or Printed Name)

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
Taliahassee, FL 32314

(Capacity)