P9500006/593

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

Office Use Only



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04/19/10--01059--018 **35.00

04/26/10--01005--001 **52.50

RA Resign



Roberts | APR 2 6 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kenwood Electrical Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P95000061593
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:
Catherine A. Hawkins
(Name of Person)
Kenwood Electrical Services, Inc.
(Name of Firm/Company)
43 S. Pompano Parkway, # 263
(Address)
Pompano Beach, FL 33069
(City/State and Zip Code)
For further information concerning this matter, please call:
Catherine A. Hawkins at (954) 647-3538
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	37.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ric	chard S. Hawkins
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Kenwood Electrical Services, Inc.
	(Name of Corporation)
P95000061593	
(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 this statement is filed.	discontinued on the 31st day after the date on which
	The ST
(Sig	gnature of Resigning Agent)
If signing on behalf of an entity:	
	Typed or Printed Name)
	FLC DO: L
	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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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