P95000080689

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Carry Carry

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sardonyx Enterprises, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P95000080689
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:
Robert C. Lohr
(Name of Person)
Sardonyx Enterprises, Inc.
(Name of Firm/Company)
313 Castle Shannon Boulevard
(Address)
Pittsburgh, Pennsylvania 15234
(City/State and Zip Code)
For further information concerning this matter, please call:
Patrick Cahalane at (412) 341-4500 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	07.0502(2), 617.0502(2), 607.1509, or 617.1	509,	
Florida Statutes, the undersigned,Eri	C C. Miller (Name of Registered Agent)	· · · · · · · · · · · · · · · · · · ·	:
hereby resigns as Registered Agent for	Sardonyx Enterprises, Inc.		
	(Name of Corporation)		
P95000080689			-
(Document Number, if known)	-		
A copy of this resignation was mailed to	the above listed corporation at its last know	n address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date of	n which	
L'Emi	~	O3 AUG	-
Sig (Sig	mature of Resigning Agent)	ASSA ASSA	******
If signing on behalf of an entity:		~	
		OF S	£
		SEA N	,
	Typed or Printed Name)		1
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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