P96000018444

	•	
(Re	equestor's Name)	
(Ac	ddress)	
•	,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(D)	usiness Entity Nam	20)
(DI	isiness chilly Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



03/27/09--01025--005 **35.00

PILED

09 MAR 27 AM 9: 53

SECKELARY OF STATE
ALLAHASSEE EL COLO

12 4/3 ch

COVER LETTER

TO: Amendment Section Division of Corporations
•
SUBJECT: FTN Promotions, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P9600018444</u>
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:
Bring Walf
Bryon Wolf (Name of Person)
(Name of Firm/Company)
`
8751 Ulmerton Rd - (Address)
Largo, FL 33771 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
0 1001
Bryon Wolf at (727) 342-590 (Area Code & Daytime Telephone Number)
(Area code & Daytine 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or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Canada Addinaga
Street Address: Mailing Address: Amendment Section Amendment Section
Division of Corporations Clifton Building Division of Corporations Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

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, Megan Schultz (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for FTN Promotions, Inc. (Name of Corporation)
P96000018444
(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.
Wegant Thill
(Signature of Resigning Agent)
ASE N
If signing on behalf of an entity:
OR OR
(Typed or Printed Name)
(Capacity)
For for filling this documents
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withdrawn corporation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

· Exped : P inted 'Unic)