P96000035572

LAW OFFICES
CORA NELL HAGGARD

1421 SPOONER ROAD GRAND RIDGE, FLORIDA 32442

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)
(Corporation Name)	(Document#) 400033138245 -07/05/0001105021 *****87.50 *****87.50
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Photocopy Certified Gept S AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

RESIGNATION OF REGISTERED AGEN'T

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,	Cora Nell	Haggar	ď				_
		(Name	e of registered a	igent)			•
hereby resigns as Registered Agent	t for Wovwn	Wood	Designs,	Inc.			
		(Nan	ne of corporation	on)			
A copy of this resignation was mai	led to the abov	e listed co	orporation at	its last kno	own ado	iress.	
The agency is terminated and the o this statement is filed.	ffice discontin	ued on the	e 31st day af	ter the date	on wh	ich	
Cora 77	(Signature of re	Sal Esigning age	ent)	, , , , , , , , , , , , , , , , , , ,	SECRETAR	- JUL 00	
If signing on behalf of an entity:			·		Y OF STATI	7 AM 8: 47	D
	(Typed or Pri	nted Name))A	7	
	(Capa	city)					

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314