P9600003580

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700012969317

U3/03/03--01078--013 **87.50

O3 MAR - 7 PH 4: 22

Caro 1. 200

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Sarah's Legacy, Inc. (Name of Corporation)
DOCUMENT NUMBER: P96000035880
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:
Ms. Marjorie J. Wiliams (Name of Person)
c/o James A. Schorner, P.A. (Name of Firm/Company)
1702 Club Drive
(Address)
Vero Beach, FL 32963-2258 (City/State and Zip Code)
For further information concerning this matter, please call:
James A. Schorner, Esq. at (772) 231-5300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

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

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,Marjorie J. Williams
(Name of Registered Agent)
hereby resigns as Registered Agent for Sarah's Legacy, Inc. (Name of Corporation)
(Name of Corporation)
P96000035880
(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.
Mayorie & Williams (Signature of Retigning Agent)
If signing on behalf of an entity:
<u>수</u> 있
(Typed or Printed Name)
(Typed or Printed Name)
SEE SEE
TO P
(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withdrawn corporation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