P96000040216

·
(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



500147877205

04/02/09--01023--015 **675.00

RAlesiegn Thuis 4-7-09



JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP

ATTORNEYS AND COUNSELLORS AT LAW

E. D. ARMSTRONG III BRUCE H. BOKOR CHARLES A. BUFORD GUY M. BURNS KATHERINE E. COLE JONATHAN S. COLEMAN MICHAEL T. CRONIN ELIZABETH I. DANIELS COLLEEN M. FLYNN JOSEPH W. GAYNOR* RYAN C. GRIFFIN
MARION HALE
REBIECCA L. HEIST
SCOTT C. ILGENFRITZ
FRANK R. JAKES
TIMOTHY A. JOHNSON, JR.*
SHARON E. KRICK
ROGER A. LARSON
ANGELINA E. LIM
MICHAEL G. LITTLE

MICHAEL C., MARKHAM ZACHARY D. MESSA F. WALLACE POPE, JR. ROBERT V. POTTER, JR. JENNIFER A. REH DARRYL R. RICHARDS PETER A. RIVELLINI DENNIS G. RUPPEL CHARLES A. SAMARKOS SARA A. SCHIFINO

SCOTT E. SCHILTZ*
KIMBERLY L. SHARPE
JOAN M. VECCHIOLI
STEVEN H. WEINBERGER
JOSEPH J. WEISSMAN
STEVEN A. WILLIAMSON
*OF COUNSEL

911 CHESTNUT ST. • CLEARWATER, FLORIDA 33756 POST OFFICE BOX 1368 • CLEARWATER, FLORIDA 33757-1368 TELEPHONE: (727) 461-1818 • TELECOPIER: (727) 462-0365

March 31, 2009

Florida Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Re:

Registered Agent Resignations

Dear Sir or Madam:

Enclosed please find numerous resignations of registered agent for A. R. Neal, as well as our firm check in the amount of \$675 representing payment of the filing fees. Please return evidence of filing of each resignation to the undersigned.

Thank you for your assistance.

Sincerely,

JOHNSON, POPE, BOKOR RVPPEL & BURNS, LLP

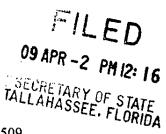
Charisse A. Serrano

Florida Registered Paralegal

:cas Enclosures #482953v1

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

6.3



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, A. R. Neal
(Name of Registered Agent)
hereby resigns as Registered Agent for The Gables International, Inc.
(Name of Corporation)
P96000040216
(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.
(Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
(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