

P96000042390

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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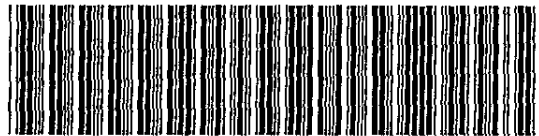
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(Business Entity Name)

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R.A. Resignation

T BROWN FEB 18 2005

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Quality First Drywall  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000042390

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:

Tina Weidemiller  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

8114 Moritz Court  
(Address)

Orlando FL 32825  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Weidemiller at ( 407 ) 7219246  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

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

Florida Statutes, the undersigned, Josue Medina  
(Name of Registered Agent)

hereby resigns as Registered Agent for Quality First Drywall, Inc.  
(Name of Corporation)

996000042390  
(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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Josue Medina  
(Typed or Printed Name)

President  
(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

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