## P9600061310

(Requestor's Name)  (Address)	900134403279
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	08/18/0801044013 **35.00
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

## **COVER LETTER**

SUBJECT: FOX LAWN Services For (Name of Corporation)

DOCUMENT NUMBER: 194 DOOD 61310

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:

Please return all correspondence concerning this matter to the following:

Panela Troyer
(Name of Person)

Troyers Business Services Inc
(Name of Firm/Company)

1569 Shadow Ridge Cfr
(Address)

Sarasofa FL 34240 - 9464
(City/State and Zip Code)

For further information concerning this matter, please call:

Panela Troyer
(Name of Person)

at (941) 378-4171
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation

Street Address:
Amendment Section
Division of Corporations
Clifton Building

Amendment Section Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Amendment Section
Division of Corporations
Post Office 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, Pamela Trajer	
(Name of Registered Agent)	
hereby resigns as Registered Agent for FOX Lawn Service In	<b>C</b> .
(Name of Corporation)	
V01000011210	
(Document Number, if known)	
(Document Number, if Known)	
A copy of this resignation was mailed to the above listed corporation at its last known a	ddress.
The agency is terminated and the office discontinued on the 31st day after the date on w	hich
this statement is filed.	
$O \sim 1$	
Camela train	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
ಕ್ಯ	12
	2008 AUG
(Typed or Printed Name)	5
\$5.75	8 8
· · · · · · · · · · · · · · · · · · ·	~   TT
	9 3
(Capacity)	S. G
	3m 5
	>

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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