	est Carpets & Flooring P.O. Box 11053	- · · · · ·
	/tona Beach, FL 32114 Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUI	MBER(S), (if known):
1(Cor	poration Name) (I	Document #)
2		
(Cor	poration Name) (1	Document #)
3(Cor	poration Name) (I	Document #)
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Walk in	Pick up time	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
NEWFILINGS	Will wait Photocopy AMENDMENTS Amendment	600002846156-
NEW FILINGS	AMENDMENTS Amendment	600002846156- -04/21/39010640
NEW FILINGS	AMENDMENTS	600002846156- -04/21/39010640
NEW FILINGS Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Officer/Dir	600002846156- -04/21/39010640
NEW FILINGS Profit NonProfit Limited Liability	AMENDMENTS Amendment Resignation of R.A., Officer/Dir Change of Registered Agent	ECOCO2846156- -04/21/39010640 ******87.50 ******5
NEW FILINGS Profit NonProfit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Dir Change of Registered Agent Dissolution/Withdrawal	ECOCO2846156- -04/21/39010640 ******87.50 ******5
NEW FILINGS Profit NonProfit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	ECOCO2846156- -04/21/39010640 ******87.50 ******5
NEW FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	ECOCO2846156- -04/21/39010640 ******87.50 ******5
NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	600002846156- -04/21/39010640

RESIGNATION OF REGISTERED AGENT

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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, <u>LENN</u> RUSSE	
(Name of registered agent)	
hereby resigns as Registered Agent for <u><i>Hoppenink</i></u> (Name of corporation)	

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.

If signing on behalf of an entity:	(Signature of resigning agent)	99 APR 23 PM SECRETARY OF TALLAHASSEE.
	(Typed or Printed Name)	The state
	(Capacity)	. <u>.</u>

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

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