7000019016

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

	(Name of Corporation	n)		
DOCUMENT NUMBER:	P97000019016			
The enclosed Resignation of Reg	istered Agent for a Corporat	tion and fee are submitted for f	filing.	
Please return all correspondence	concerning this matter to the	e following:		
Karen Loraine				
(Name of Po	erson)			
GrayRobinson, P.A.				
(Name of Firm/	Company)			
1795 W. Nasa Blvd.				
(Addres	es)			
Melbourne, FL 32901				
(City/State and	Zip Code)			
For further information concerning	ng this matter, please call:			
Mishalla Daaring	or (321)	727 9100		
Michelle Deering (Name of Person)	at (<u>321</u>) (Area Code & I	727-8100 Daytime Telephone Number)		
Enclosed is a check made payable or \$35.00 for an administratively	dissolved, voluntarily disso	of State for \$87.50 for an actively of withdrawn corporation	1.	ration
Street Address: Amendment Section	Mailing Address: Amendment Section			
Division of Corporations	Division of Corporation	S	:S	77 J. 77
Clifton Building 2661 Executive Center Circle	Post Office Box 6327 Tallahassee, FL 32314		70	375
Tallahassee, FL 32301	rananassee, FL 32314		P	10 F)
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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, Patrick Healy
(Name of Registered Agent)
hereby resigns as Registered Agent for PROFESSIONAL SLEEP ASSOCIATES, INC. (Name of Corporation)
(Name of Corporation)
P97000019016
(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)
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withdrawn corporation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