

P97000031178

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : THE HOGAN LAW FIRM
Account Number : 120010000137
Phone : (352) 799-8423
Fax Number : (352) 799-8294

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DIVISION OF CORPORATIONS
2004 MAR 26 AM 9:26

REGISTERED AGENT RESIGNATION

NEWCEL COMMUNICATIONS CORPORATION

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DIVISION OF CORPORATIONS

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PA Resign.

3/26/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEWCEL COMMUNICATIONS CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P97000031178

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:

Deborah Hogan

(Name of Person)

Hogan Law Firm

(Name of Firm/Company)

P.O. Box 485

(Address)

Brooksville, FL 34605

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Hogan

(Name of Person)

at (352) 799-8423

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Thomas S. Hogan, Jr.
(Name of Registered Agent)

hereby resigns as Registered Agent for Newcel Communications Corporation
(Name of Corporation)

P97000031178
(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)

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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