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CORPORATION NAME(S) & D	OCUMENT NUMBER(S), (if known):	
1. Daniels Cov (Corporation Name)	nstruction Services)	\langle
2(Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4 (Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
 Not for Profit Limited Liability Domestication Other 	Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/OUALIFICATION	
Annual Report Fictitious Name	 Foreign Limited Partnership Reinstatement Trademark Other 	

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TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: DANIELS CONSTRUCTION SERVICES, INC.

· - --

(Name of Corporation	on)	· ·	-
DOCUMENT NUMBER: P97000046409	<u> </u>		· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are subm	itted for filing.	· - ·
Please return all correspondence concerning this matter to th	e following:		
J. GREGORY HUMPHRIES, ESQ.			
(Name of Person)	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	··· *	· ·- · · · · ·
SHUTTS & BOWEN LLP			
(Name of Firm/Company)	•		74272
300 SOUTH ORANGE AVENUE, SUITE 1000			
(Address)	· · · · ·		1
ORLANDO, FLORIDA 32801-5403		_	
(City/State and Zip Code)	· · · - -	÷	··· ·· . ·
For further information concerning this matter, please call:			
DANIEL J. PICEK at (407 (Name of Person) (Area Code) 718-6993 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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FOR A CORPORATION	04	FEB	20	PM 12:	53	
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	SEC TALI 517.150	:RET/ _AHA)9,	NRY (SSEE	DF STA E, FLOR	TE IDA	
Florida Statutes, the undersigned, J. GREGORY HUMPHRIES, ESQ. (Name of Registered Agent)		- <u>-</u>		e		······································
hereby resigns as Registered Agent for	ICES,	INC				
(Document Number, if known)	· ·			N.	•	-

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:

(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