P97000059142

(Requestor's Name)
(requester s name)
(Address)
(1941/035)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200182931572

07/07/10--01025--003 **245.00

RA Resign

10 JUL -7 PH 3: 47

Froberts JUE 0 9 2010

COVER LETTER

SUBJECT: SSGI Inc.	(Name of Corporation)
DOCUMENTARINE PO	• • •
DOCUMENT NUMBER: P9	100000172
The enclosed Resignation of Reg	istered Agent for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Ryan Seddon	
(Name of P	erson)
·	cisony
N/A	
(Name of Firm/	Company)
5391 S.W Windward Way	
(Addres	s)
Palm City FI, 34990	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
Ryan Seddon	at (561) 301-9092
(Name of Person)	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION PM 3:47
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ryan Seddon
(Name of Registered Agent)
hereby resigns as Registered Agent for SSGI Inc (Name of Corporation)
P97000059142
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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