P97000070357

(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)		_
(City/State/Zip/Phone #) PtCK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		_
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) (Certified Copies Certificates of Status Certificates of Status Certificates Cer	(Address)		_
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)		_
(Document Number)	PICK-UP WAIT N	IAIL	
Certified Copies	(Business Entity Name)	1	
; <u></u>	(Document Number)	:	
Special Instructions to Filing Officer:	Certified Copies	<u> .</u> .	
	Special Instructions to Filing Officer:	•	-

Office Use Only



10/28/09--01015--003 **35.00

RA Resign

Lesthalogias (L.L.)

DIVISION TO 28 AM 8: 11

T ROBERT OCT 2 9 2009

COVER LETTER

DOCUMENT NUMBER: P	(Name of Corporation) 97000070357
The enclosed Resignation of R	egistered Agent for a Corporation and fee are submitted for filing
Please return all correspondenc	e concerning this matter to the following:
Michael Guju	
(Name o	Person)
Guju Law Firm	
(Name of Fir	n/Company)
31564 US Hwy. 19 N.	
(Add	ress)
Palm Harbor, FL. 34684	
(City/State ar	d Zip Code)
For further information concer	ning this matter, please call:
Michael Guju	at (727) 526-3529
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Michael J. Guju
(Name of Registered Agent)
hereby resigns as Registered Agent for Perfect Gulf Properties, Inc.
(Name of Corporation)
P97000070357
(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:
Michael Guyu (Typed for 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