P970000 15801

(Requestor's Name)
(Address)
(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



800329929868

05/38/19--01015--004 **35.00

SECRETARY SEE FILE D

O Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: S & W Towers, Inc. (Name of Corporation)
DOCUMENT NUMBER: P97000075801
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:
Corinne P. McClure, Senior Paralegal
(Name of Person)
McGuireWoods LLP
(Name of Firm/Company)
50 North Laura Street, Suite 3300
(Address)
Jacksonville, FL 32202
(City/State and Zip Code)
For further information concerning this matter, please call:
Corinne McClure (Name of Person) at (904) 798-3294 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. RAX Co.
(iname of Registered Agent)
hereby resigns as Registered Agent for S & W Towers, Inc.
(Name of Corporation)
P97000075801
(Document Number, it'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:
Lisa O. Taylor
(Typed or Printed Name)
President Capacity Capacity
(Capacity)
Fee for filing this document:
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/
gastor radiffinguatively dissorted voluntarily dissorted

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

withdrawn corporation