

P97000102355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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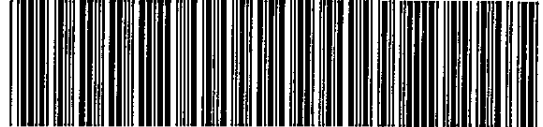
(Business Entity Name)

(Document Number)

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LAW OFFICE
AUGSPURGER & ASSOCIATES, P.A.
P.O. BOX 880808
BOCA RATON, FL 33488

TELEPHONE: (561) 248-7000

FACSIMILE: (561) 477-3604

July 21, 2004

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Clerk:

Enclosed please find the following:

- A. Transmittal Letters and Resignation of Registered Agent for Corporation for following Administratively Dissolved corporations:
 - Gateway Massage Therapy & Spa, Inc.
 - Assmann Enterprises, Inc.
 - Heminger Commercial Maintenance, Inc.
 - L&D Office Services Corporation
 - Intellectual Property Resources, Inc.
 - Brady's Burger Bunch, Inc.
 - International Gas & Enduro Motor Boat Association, Inc.
- B. Check #6436 in the amount of \$245.00 (7 x \$35) for the above-referenced resignations
- C. Cover letter and Articles of Amendment (with filing fee) for **Augspurger & Associates, Inc.** (re change of name)
- D. Cover letter and Change of Registered Agent (with filing fee) for **Samuel P. Augspurger, Inc.**
- E. Cover letter and Change of Registered Agent (with filing fee) for **Magy Management Services, Inc.**

Should you have any questions, please call me at (561) 248-7000.

Sincerely,



JENNIFER L. AUGSPURGER, ESQ.

Enc.

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
04 JUL 23 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Jennifer L. Augspurger

(Name of Registered Agent)

hereby resigns as Registered Agent for GATEWAY MESSAGE THERAPY & SPA, INC.

(Name of Corporation)

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(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**