ida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Phone Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT RESIGNATION TNCOMPASS RESIDENTIAL SOUTH FLORIDA (HVAC), INC.

Certificate of Status	0	
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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

5-24-11 -BVADA

COVER LETTER

Division of Corporations SUBJECT: Encompass Residential South Florida (HVAC) Inc.
(Name of Corporation)
DOCUMENT NUMBER: P98000001723
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:
Mary Pat Joy
(Name of Person)
Corporation Service Company
(Name of Firm/Company)
80 State Street
(Address)
Albany, NY 12207
(City/State and Zip Code)
For further information concerning this matter, please call:
Mary Pat Joy at (518 433-7018 ext 3009 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

TILED

-	7.0502(2), 617.0502(2), 607.1509, or 617.1509, poration Service Company (Name of Registered Agent)	FLORID!
hereby resigns as Registered Agent for _	•	(HVAC),Inc.
P98000001723		
(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.

If signing on behalf of an entity:

Mary Pat Joy

(Typed or Printed Name)

Signapure of Resigning Agent)

Asst. Secretary of Corporation Service Company

(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