

P98000019120

(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



600055907856

06/17/05--01010--028 **87.50

FILED

05 JUN 17 PM 1:25

CLERK OF STATE
OF MASSACHUSETTS

6-17-05 CM
RABUS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BARRIERMED GLOVE CO.
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

BRIAN R. GILCHRIST
(Name of Person)

ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST
(Name of Firm/Company)

P.O. BOX 3791
(Address)

ORLANDO, FL 32802-3791
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN R. GILCHRIST at (407) 841-2330
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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, BRIAN R. GILCHRIST

(Name of Registered Agent)

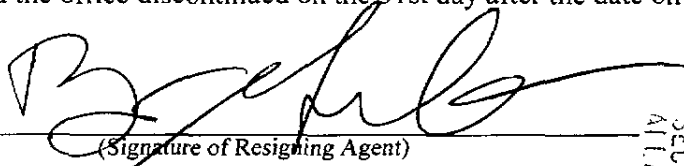
hereby resigns as Registered Agent for BARRIERMED GLOVE CO.

(Name of Corporation)

(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 17 PM 1:25

FILED

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