

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 : (850)224-8870 Phone

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EGISTERED AGENT RESIGNATION

BARRIERMED GLOVE CO.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

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

7/7/2008

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, WILLIAM B. PRINGLE III, P.A.
(Name of Registered Agent)
hereby resigns as Registered Agent for BARRIERMED GLOVE CO. (Name of Corporation)
P98000019120
(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:
William B. Pringle III, Esquire
(Typed or Printed Name)
President
(Capacity)

Fee for filing this document: \$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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