P98000045890

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C i	ty/State/Zip/Phone	- +^
(CI	ty/State/Zip/Pfion	e # <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(D.	Al A	
(Uc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/26/06--01025--003 **35.00



COVER LETTER

10:	Division of Corporations
SUBJE	ECT: C. Easton Construction, Inc. (Name of Corporation)
DOCU	MENT NUMBER: P98000045890
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Charl	les A. Easton
	(Name of Person)
	(Name of Firm/Company)
3341	5 Trilby Road
	(Address)
Dade	City, Florida 33525
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Frede	erick J Mills (Name of Person) at (813) 258-3311 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Frederick J. Mills (Name of Registered Agent)	
hereby resigns as Registered Agent for C. Easton Construction, Inc. (Name of Corporation)	
P98000045890	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	wn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity:	on which 06 DEC 26 SECRETARY IALLAHASSE
(Typed or Printed Name) Required Actual (Conneity)	AMIO: 42 OF STATE E. FLORIDA

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withdrawn corporation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