

P98000052951

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Resignation

TB 1-4-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporation

**SUBJECT:** GULF COAST SERVICES OF SOUTHWEST FL. INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000052951

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:

Nancy J Pepperman  
(Name of Person)

GULF COAST SERVICES OF SOUTHWEST FL. INC.  
(Name of Firm/Company)

1226 HEMINGWAY DRIVE  
(Address)

FT MYERS, FL 33912-1926  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy J Pepperman at (239) 482-1210  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address**  
Amendment Section  
Division of Corporation  
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, ANITA C SKIPPER,  
(Name of Registered Agent)

hereby resigns as Registered Agent for GULF COAST SERVICES OF  
(Name of Corporation)

SOUTHWEST FL. INC., P98000052951  
(Document Number)

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 31<sup>st</sup>  
day after the date on which this statement is filed.

Anita C Skipper  
(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dissolved/withdrawn corporation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  
PO Box 6327  
Tallahassee, FL 32314**

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