## P980000088489

(Re	questor's Name)	
50 NORTH LA JACKSONV	ORNEYS AT LAW WRA STREET, SUIT ILLE, FLORIDA:	E 3500 E 32202
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
<u> </u>	cument Number)	
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
	Division of Corporations
SUBJI	ECT: D.B. Smith, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: P98000088489
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:
	Mr. David Bucci
	(Name of Person)
	D.B. Smith, Inc.
	(Name of Firm/Company)
	5200 West Beaver Street
	(Address)
	Jacksonville, Florida 32254 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Mr.	David Bucci at (904) 378-3665 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35.	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division P.O. Bo	g Address: iment Section on of Corporations ox 6327 assee, 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, Reed W. Grimm (Name of Registered Agent)	
hereby resigns as Registered Agent for D.B. Smith, Inc.  (Name of Corporation)	
P98000088489	
(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)  (Typed or Printed Name)  TALLARY AHASSE	T]
(Capacity)  Capacity)  Capacity	7

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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