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| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ad | dress) | |
| (Ac | dress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Drain Master of South Florido Inc. (Name of Corporation) | | | |
| DOCUMENT NUMBER: <u>P9900004724</u> | | | |
| 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: | | | |
| Michael J Miller (Name of Person) | | | |
| Drain Master of South Fl-Inc. (Name of Firm/Company) | | | |
| 2535 NE 15th St | | | |
| Pompan Beach Fl. 33062 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Michael J. Millar at (954) 8683792 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 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, Michael J. Miller (Name of Registered Agent) |
| hereby resigns as Registered Agent for Drain Muster of South Fl. Inc. (Name of Corporation) |
| P9900004724 |
| (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. |
| x Mindel June (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
P.O. Box 6327
Tallahassee, FL 32314