

P99000005768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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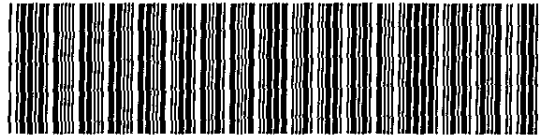
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC 19 PM 12:23

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12-19-03  
RAN 30

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bounty Design Group by Richard Hornbacher Co.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000005768

The enclosed Resignation of Registered Agent for Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter the following:

DJ Kropat (New Registered Agent Brenda Kropat)  
(Name of Person)

Bounty Design Group by Richard Hornbacher  
(Name of Firm/Company)

P.O. Box # 21516  
(Address)

Fort Lauderdale, Florida, 33335  
(City/State and Zip Code)

For further information concerning this matter, please

DJ Kropat at (904) 524 5446  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32314

**RESIGNATION OF  
FOR A CORP**

**TERED AGENT  
ATION**

Pursuant to the provisions of sections 607.0502(2) Florida Statutes, the undersigned, Anne Egan

607.0502(2), 607.1509, or 617.1509,

Peace

(Name of Registered Agent)

hereby resigns as Registered Agent for Bounty

Group by Richard Hornbacher Co

(Name of Corporation)

P99000005768

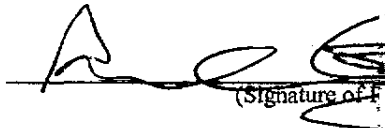
(Document Number, if known)

A copy of this resignation was mailed to the above

corporation at its last known address.

The agency is terminated and the office discontinued this statement is filed.

the 31st day after the date on which

  
(Signature of Registered Agent)

  
(Signature of Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document**

\$87.50 - Active corporation

\$35.00 - Administrative  
withdrawn corporation

voluntarily dissolved/  
in

Make checks payable to Florida  
Division of Corporations  
P.O. Box  
Tallahassee, Florida

Department of State and mail to:  
Tallahassee, Florida

14

03 DEC 19 PM 12:23  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**FILED**