P9900007305

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	





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07/11/05--01049---020 **157.50



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R.A. Pusignation

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WHATHAM The Right Cut Lawn Service, Inc. (Name of Corporation) DOCUMENT NUMBER: 199 00000 305
DOCUMENT NUMBER: 99 00000 7305
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:
Name of Person)
(Name of Firm/Company)
3676 Letitia Ln (Address)
Tallahassee & 32312
For further information concerning this matter, please call:
T. Kent Wetherell, II at (850) 498-9675 x 152 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned, Thomas Kent Wether (Name of Registered Agent)	seu, a
Florida Statutes, the undersigned, Thomas Kent Wether (Name of Registered Agent) hereby resigns as Registered Agent for The Right CVt Lawh Se (Name of Corporation)	rvice, Inc.
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which
Thun Kwin &	,
(Signature of Resigning Agent)	
If signing on behalf of an entity:	FIL 05 JUL 15 SECRETARY
(Typed or Printed Name)	T R T
	STATE ORBIN
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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