Len Trubia Florida lealta Requester's Name 2329 Seven Springs Blu- Address New Port Richey, Flar, 34 City/State/Zip Phone #	d.	00003340271- -07/31/0001095- ****157.50 *****	-9 028 87.50
	Office Use Only		
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if kno	own):	
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1.	(Document #)		TA.
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3. (Corporation Name)	(Document #)		
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4. (Corporation Name)	(Document #)	<u>S</u> m 9	<u> </u>
(Corporation Name)	(1)		
☐ Walk in ☐ Pick up time		Certified Copy	
☐ Mail out ☐ Will wait	☐ Photocopy [☐ Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	·	-,
☐ Profit	Amendment		
Not for Profit	Resignation of R.A.	Officer/Director	
Limited Liability	Change of Registere Dissolution/Withdra		
☐ Domestication ☐ Other	Merger	***	
	_	T THY CA THOSY	
OTHER FILINGS	REGISTRATION/QUA	LIFICATION	· · · · · · · · · · · · ·
☐ Annual Report	Foreign		- -
☐ Fictitious Name	Limited Partnership		
	Reinstatement Trademark		
	Other	T. LEWIS AUG 1 2000	
		1,-	
		Examiner's Initials	

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	9,			
Florida Statutes, the undersigned, Warne of registered agent)	a zon i agginten. I a senti			
hereby resigns as Registered Agent for Name of corporation	THE, LAST			
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:	FILED ON JUL 31 PH 3: SECRETARY OF STA			
(Typed or Printed Name)	O .			
(Capacity)				

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314