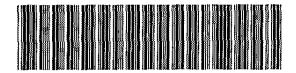
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Resignation of ageni

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: R. COLAVITO FENCE Corporation Name of Corporation) DOCUMENT NUMBER: P990052108		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person)		
. R. COLANTO FENCE Corp (Name of Firm/Company)		
2407 74h Court EAST (Address)		
City/State and Zip Code)		
For further information concerning this matter, please call:		
Rose Cextravito at (941) 137-0905 (Name of Person) (Area Code & Daytime Telephone Number)		

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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 617.1509,
Florida Statutes, the undersigned, FOSE CU/AU/VO (Name of Registered Agent)
hereby resigns as Registered Agent for R. COLANTO FOND COPP. (Name of Corporation)
P9900050108 (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.
Taxe Calavih = 3
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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