

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HENDRY, STONER, CALANDRINO & BROWN, P.A.

Account Number : I20000000241

Phone (407)843~5880

: (407)425-7905 Fax Number

## REGISTERED AGENT RESIGNATION

KIDS' QUARTERS, INC.

Certificate of Status	0
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## **COVER LETTER**

	dment Section on of Corporations	
SUBJECT: <sup>K</sup>	KIDS' QUARTERS, INC.	
	(Nam	e of Corporation)
DOCUMENT	r NUMBER: P99000062271	
The enclosed	Resignation of Registered Agent	for a Corporation and fee are submitted for filing.
Please return	all correspondence concerning thi	s matter to the following:
G. STEVEN	N BROWN	
	(Name of Person)	
Hendry, Sto	oner, Calandrino & Brown, P.A	
	(Name of Firm/Company)	
20 N. ORA	NGE AVE., SUITE 600	
	(Address)	
ORLANDO	, FLORIDA 32801	
	(City/State and Zip Code)	<del></del>
For further in	formation concerning this matter,	please call:
G. STEVEN	I BROWN at	( 407 ) 843-5880 (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

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DIVISION OF CORPORATIONS

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provis	sions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the	indersigned, Hendry, Stoner, Calandrino & Brown, P.A.
	(Name of Registered Agent)
hereby resigns as Rea	gistered Agent for KIDS' QUARTERS, INC.
, ,	(Name of Corporation)
P99000062271	
(Document Num	ber, if known)
A copy of this resigna	ation was mailed to the above listed corporation at its last known address.
this statement is filed	Hendry, Stoner, Caland Rino & Draw, P.M.  J. M. Stoner, Caland Rino & Draw, P.M.  (Signature of Resigning Agent)
If signing on behalf o	
C	S. STEVEN BROWN
** <del>***********************************</del>	(Typed or Printed Name)
A	TTORNEY
	(Canacity)

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 mall to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314