P99000067757

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T. Roberts JUL 1 7 2007

1510 E. COLONIAL DRIVE SUITE 307 . Orlando, FL 32803

7/10/07

Florida Department of State Division of Corporation PO Box 6327 Tallahassee, Florida 32314

Reachfar Film, Inc. Re: Doc #: P99000067757

NOTICE

TAROUIN J. ADAMS, P.A. ATTORNEY & COUNSELOR AT LAW

PHONE: 407-228-8828

www.tarquinadamslawfirm.com

FAX: 407-228-8826

To whom it may concern:

This Letter is to notify the Florida Department of State and all individuals that my appointment on 5/31/05 as Registered Agent for the above corporation was done without my consent and acquaintances.

Sincerely, Varquin J/Adams, Esquire

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: REACHFAR FILMS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P99000067757

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:

TARQUIN J. ADAMS

(Name of Person)

(Name of Firm/Company)

1510 E. COLONIAL DRIVE, SUITE 307

(Address)

ORLANDO, FLORIDA 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

TARQUIN J. ADAMSat (407)228-8828(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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)

FILED 07 JUL 12 AM 8:25 SECRETARY OF STATE ALLAHASSEE, FLORIDA **RESIGNATION OF REGISTERED AGENT** FOR A CORPORATION

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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, TARQUIN J. ADAMS (Name of Registered Agent) hereby resigns as Registered Agent for _____REACHFAR FILMS, INC . (Name of Corporation)

P99000067757

(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.

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