

P99000080991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

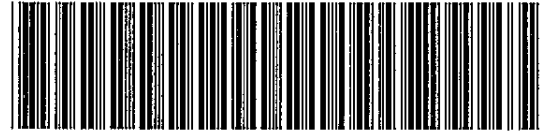
(Business Entity Name)

(Document Number)

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Resignation

*of
RA*

01/25/05--01030--012 **87.50

FILED
05 JAN 25 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 JAN 25 PM 1:21
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DR
1/25/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Labor Line, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P99000080997

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:

Robert M. Smith, CFO

(Name of Person)

Labor Line, Inc.

(Name of Firm/Company)

12425 28th Street North; Suite 103

(Address)

St. Petersburg, Florida 33716

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Smith, CFO

(Name of Person)

at (727) 572-1987

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
05 JAN 25 PM 2: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Wilbur E. Brewton

(Name of Registered Agent)

hereby resigns as Registered Agent for Labor Line, Inc.

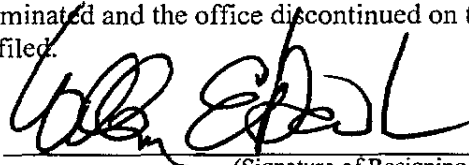
(Name of Corporation)

P99000080997

(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