P99000082831

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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e#)
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TRANSMITTAL LETTER

Ĭ	TO: Amendment Section Division of Corporations
	SUBJECT: Redman's Inc. (Name of Corporation)
	DOCUMENT NUMBER: P99000082831
,	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:
	Barbara A. Redman (Name of Person)
	(Name of Firm/Company)
	4505 Hickory Tree Road (Address)
	St. Cloud, FL 34772 (City/State and Zip Code)
	For further information concerning this matter, please call:
	Barbara A. Redman at (407) 957-2862 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	s 607.0502(2) <u>,</u> 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned,	Barbara A. Redman (Name of Registered Agent)	
hereby resigns as Registered Agent fo	or Redman's Inc. (Name of Corporation)	3
P99000082831 (Document Number, if known)		
A copy of this resignation was mailed	d to the above listed corporation at its last know	n address.
The agency is terminated and the office this statement is filed.	ice discontinued on the 31st day after the date of	ı which
	(Signature of Resigning Agent)	•
If signing on behalf of an entity:	 -:	03 AI SECRE
	(Typed or Printed Name)	FILED MANUSCALAR MANUSCALAR MANUSCALAR
	(Capacity)	\$ \text{\tin}\exiting{\text{\tert{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\ti}\tint{\text{\text{\texi}\text{\texi}\text{\texititt{\text{\text{\text{\text{\texi}\text{\texi{\texi}\text{\texi}\text{\texit{\texitit}}\tinttitex{\tin}\texititt{\texi{\texi{\texi{\texi

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withdrawn corporation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