

P99000085808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

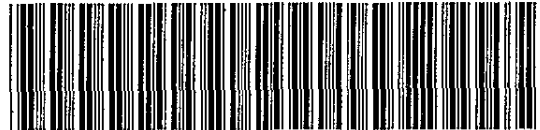
Certificates of Status _____

Special Instructions to Filing Officer:

Tessa, called 5/13/05
they want the RA
resignation filed

Theris

Office Use Only



000051508590

CLERK OF COURT
TALLAHASSEE, FLORIDA

05 APR 28 AM 9:39

FILED

04/27/05--01026--015 **87.50

gr
RA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Holland Flowers W.P.B., Inc
(Name of Corporation)

DOCUMENT NUMBER: P 99000085808

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:

Tessa Aguilar
(Name of Person)

Robert Allen Law
(Name of Firm/Company)

1441 Brickell Ave, Ste. 1400
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Tessa Aguilar at (305) 372-3300
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Robert Allen Law
(Name of Registered Agent)

hereby resigns as Registered Agent for Holland Flowers W.P.B. Inc
(Name of Corporation)

P99000085808
(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

Robert N. Allen, Jr.
(Typed or Printed Name)

President
(Capacity)

FILED
05 APR 28 AM 9:39
TALLAHASSEE
FLORIDA
STATE DEPARTMENT OF STATE

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