

03/21/2005 17:13 EDWARDS COHEN - 185 2050380P246600
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NO. 533 P01
Page 1 of 1

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : EDWARDS COHEN
Account Number : I19980000024
Phone : (904) 633-7979
Fax Number : (904) 633-9026

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

DILLON ENGINEERING ASSOCIATES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$96.25

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dillon Engineering Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P89000111617

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:

David Cohen

(Name of Person)

Edcolaw, Inc.

(Name of Firm/Company)

6 East Bay Street, Ste 500

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

David Cohen

(Name of Person)

at (904) 633-7979

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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03/21/2005

17:13

EDWARDS COHEN → 18502050380P246600

NO. 533

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**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, Edcolaw, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Dillon Engineering Associates, Inc.

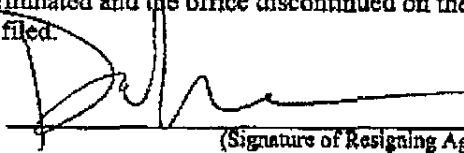
(Name of Corporation)

P99000111617

(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:

David Cohen

(Typed or Printed Name)

Vice-President

(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

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