Q04000000013

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

DUKE'S ROOT CONTROL, INC. ATTN: GAIL DAILEY 1020 HIAWATHA BLVD. WEST SYRACUSE, NY 13204

SUBJECT: QUINN M. CONNELL Ref. Number: Q04000000013

As you can see from the attached print-out's "QUINN M. CONNELL" has been registered twice. It is my understanding that he wishes only to have the registration with the Secretary of State as his registered agent. The attached "RESIGNATION OF AGENT" must be completed and returned for "Q0400000013" and a filing fee of \$87.50.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 506A00009526

Nanette Causseaux Document Specialist Supervisor

Division of Corporations - P.O. ROX 6327 - Tallahasson Florida 32314

COVER LETTER

Division of Corporations
SUBJECT: Quino M Connell (Name of Corporation)
DOCUMENT NUMBER: QOUOCOCOOKS
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:

Duke's Root Control Tine.

1020 Hinwatha Blud West

Syracuse Ny 13204 (City/Start and Zip Code)

For further information concerning this matter, please call:

Goil Dailey at (800) 447-6687
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

3 8 8

	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
	Florida Statutes, the undersigned, <u>Corporation Service Company</u> (Name of Registered Agent)
	hereby resigns as Registered Agent for
	(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.
	Cynthea L. Harris (Signature of Resigning Agent)
1	If signing on behalf of an entity:
	Cynthia L. Harris as its agent Cyned or Printed Name) ARR F
	(Typed or Printed Name) ASSEE OF
	(Opacity) FLORDE 27

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Fiorida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314