

557211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

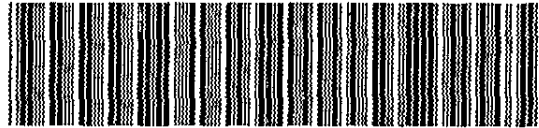
(Business Entity Name)

(Document Number)

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04 MAY 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/21/04
[Signature]

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

May 13, 2004

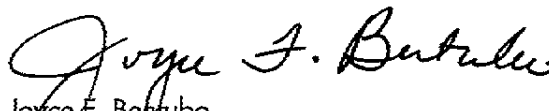
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Resignation of Registered Agent

Gentlemen:

Please find enclosed a resignation of registered agent form for Elmo L Albertelli, D.D.S., P.A.
Also enclosed is Carlton Fields' Check No. 341210 in the amount of \$35.00 for the filing fee.

Very truly yours,



Joyce F. Berrubo
Administrative Assistant


JFB/mlb
Enclosures

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, CFRA, LLC
(Name of registered agent)
hereby resigns as Registered Agent for Elmo L. Albertelli, D.D.S., P.A.
(Name of corporation)

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:

Pete J. Winders
(Typed or Printed Name)
Vice President
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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

CR2E046(9/98)