

S69304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

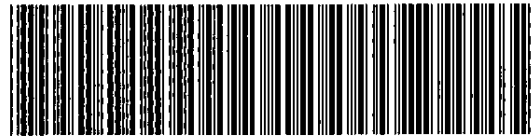
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign

10/10/11

DC

# LAW OFFICES OF DEBORAH S. KOWALSKY, P.A.

DEBORAH S. KOWALSKY, J.D., LL.M.  
MASTER OF LAWS IN ESTATE PLANNING

FLORIDA BAR CERTIFIED  
REAL ESTATE LAW

October 3, 2011

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Ortho-Cycle Co., Inc.  
Document no. S69304, Amendments

Dear Sir/ Madam:

Enclosed find a resignation of Registered Agent, two (2) Officer/Director resignations, and Articles of Amendment to Articles of Incorporation of Ortho-Cycle Co., Inc. Also enclosed you will find a check payable to Florida Department of State in the amount of \$192.50 to cover for the filing fees of all documents as stated below.

Resignation of Registered Agent	\$ 87.50
Officer/Director Resignation	35.00
Officer/Director Resignation	35.00
Articles of Amendment	<u>35.00</u>

**Total amount due: \$192.50**

If you have any questions regarding this request, please do not hesitate to give us a call.

Very truly yours,



DEBORAH S. KOWALSKY, P.A.

Enclosures

DSK/amg

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ortho-Cycle Co., Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** S69304

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:

Eugenia Matasa  
(Name of Person)

Ortho-Cycle Co., Inc.  
(Name of Firm/Company)

2026 Scott Street  
(Address)

Hollywood, FL 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eugenia Matasa at ( 314 ) 434-9582  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, Eugenia Matasa  
(Name of Registered Agent)

hereby resigns as Registered Agent for OrthoCycle Co., Inc.  
(Name of Corporation)

S69304  
(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.

*E Matasa*

(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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