## Florida Department of State

Division of Corporations Public Access System

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TO:

Division of Corporations

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From:

Account Name

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BO

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

: (407)423-1831

## REGISTERED AGENT RESIGNATION

HOMETOWN FOODS OF TAVARES, INC.

| 0       |
|---------|
| 0       |
| 01      |
| \$35.00 |
|         |

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | ons 607.0502(2), 617.050        | 12(2), 607.1509, or 617.                         | ري (1509,   |
|---------------------------------------|---------------------------------|--------------------------------------------------|-------------|
| Florida Statutes, the undersigned,    | Charles H. Egerton              |                                                  | - C         |
|                                       | (Name                           | of Registered Agent)                             | Em          |
| hereby resigns as Registered Agent    | <sub>t for</sub> Hometown Foods | s of Tavares, Inc.                               | 77          |
| (Name of Corporation)                 |                                 |                                                  |             |
| S92527                                |                                 | •                                                |             |
| (Document Number, if known)           |                                 | * <del>*</del> * * * * * * * * * * * * * * * * * | 2 .         |
| A copy of this resignation was mai    | led to the above listed co      | rporation at its last know                       | wn address. |
| The agency is terminated and the o    | office discontinued on the      |                                                  | on which    |
| 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

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