

592838

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JOE BLASCO ENTERPRISES, INC.  
Name of Corporation

DOCUMENT NUMBER: S92838  
Registered Agent Resignation

The enclosed ~~Statement of Change of Registered Office/Agent~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA D. SCHOONOVER  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

111 HUNTERS TRAIL  
Address

LONGWOOD, FL 32779  
City/State and Zip Code

dearky48@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda D. Schoonover at (407) 665-4299  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, LINDA D. SCHOONOVER

(Name of Registered Agent)

hereby resigns as Registered Agent for JOE BLASCO ENTERPRISES, INC.

(Name of Corporation)

592838

(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.

Linda D. Schoonover  
(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withdrawn corporation

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