

V14248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

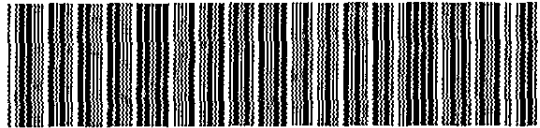
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400032953144

04/19/04--01066--001 **35.00

FILED
04 APR 19 PM 2:21
TALLAHASSEE, FL
SECRETARY OF STATE

LA Resign
T. Lewis 4/26/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Concetta Mcorley, Inc.
(Name of Corporation)

DOCUMENT NUMBER: V14248

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:

Lynne Hankins Fielder, Esq.
(Name of Person)

Lynne Hankins Fielder, P.A.
(Name of Firm/Company)

Post Office Box 420973
(Address)

Summerland Key, FL 33042
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynne Hankins Fielder, Esq. (305) 745-8868
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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, Lynne Hankins Fielder, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for Concetta Mcsorley, Inc.
(Name of Corporation)

V14248

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A
(Typed or Printed Name)

N/A
(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withdrawn corporation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

FILED
04 APR 19 7 PM 2 21
RECEIVED
TALLAHASSEE, FL 32314