## V26925

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
/D	ocument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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to your 06/30/15-01032--017 \*\*87.50

TALLAHASSEE FLORIDA

JUL 0 9 2015 T CANNON

## COVER LETTER

TO: Amendment Section **Division of Corporations** 

Taylor Contract Hardware, Inc.

(Name of Corporation)

DOCUMENT NUMBER: V26925

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:

Anthony Lanciano, III
(Name of Person)

Taylor Contract Hardware, Inc.

2815 Marshall Drive

(Address)

Sarasota FL 34239

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Lanciano, III at (813 ) 477-8977 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 15 JUN 30 PM 12: 18 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Anthony Lanciano, III
(Name of Registered Agent)
hereby resigns as Registered Agent for Taylor Contract Hardware, Inc.
(Name of Corporation)
V26925
(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:
Arthony Lancing TI (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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