## V37549

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<b>#</b> )
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## TRANSMITTAL LETTER

FO:	Amendment Section Division of Corporations
UBJ	ECT: Leabro, Inc.
, 0 20	(Name of Corporation)
юс	UMENT NUMBER:V37549
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Arden J. Lea
	(Name of Person)
	Leabro, Inc.
	(Name of Firm/Company)
	4507 Furling Lane Suite 209,
	(Address)
	Destin, FL 32541
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Ar	den Lea 850 654-8816
	(Name of Person) (Area Code & Daytime Telephone Number)

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, James W. Grimsley (Name of Registered Agent)	<del></del>		
hereby resigns as Registered Agent for			
V37549			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	wn addi	ress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.  (Signature of Resigning Agent)	on whic	:h	
If signing on behalf of an entity:	MA LIU	05 AUG	<b>-1</b> -1
James W. Grimsley (Typed or Printed Name)	MRY OF	619 PM	E
Registered Agent (Capacity)	STATE LORID:	ა: 35	O

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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