V48960

(Requestor's Name)		
(Address)		
(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



600438744156

19/38/24--01025--013 ++8:.00

2024 OCT 30 PM 4: 37 SECOLIVEY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	THE W.F. KENNEY COMPANY ECT:	
	(Name of Corporat	ion)
DOC	UMENT NUMBER: V48960	
The e	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing
Please	e return all correspondence concerning this matter to t	he following:
Stephe	en Scruby	
	(Name of Person)	-
Nelsor	Multins	
	(Name of Firm/Company)	-
50 N.	Laura St., Suite 4100	
	(Address)	-
Jackso	nville, Florida 32202	
	(City/State and Zip Code)	-
For fi	orther information concerning this matter, please call:	
Stepho	en Scruby 904 at (6653610
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 8 10 Tallahassec, FL 32303

2024 OCT 30 PH 4: 37

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, $\frac{D}{D}$	Daniel B. Nunn, Jr.
	(Name of Registered Agent)
hereby resigns as Registered Agent (THE W.F. KENNEY COMPANY
nereby reargins an regimered rigent	(Name of Corporation)
V48960	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed.	fice discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
<u>Stephe</u>	(Typed or Printed Name)
	M (denocity)
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1, 32314

9024 OCT 30 PM 4: 3 SECRIENS COFSTAI

74 OCT 30 PM 4: