

P03000089551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

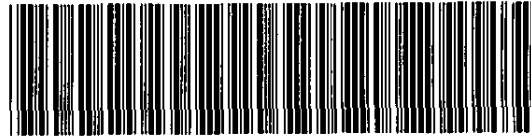
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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10 DEC -3 AM 8:50

R.A. Lesign
C.COULLETTE

DEC 06 2010

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 11/23/10

NAME: THE STELTMEN GROUP, INC.

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: ~~85.00~~ 87.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

**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, FLORIDA FILING & SEARCH SERVICES, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for THE STELTMEN GROUP, INC.
(Name of Corporation)

P03000089551
(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:

ABBIE P. HODGE
(Typed or Printed Name)

VICE PRESIDENT
(Capacity)

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DIVISION OF CORPORATIONS
10 DEC -3 AM 8:50

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withdrawn corporation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