T06000002141

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
/Dec	numant Numbar	
(000	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		i
	,	
۵		
/		
4	Office Use Only	у
000		
20 × 4000 × 5		
02		



100090073511

03/06/07--01031--010 **35.00

OTMAR-6 PHI2:31
SECRETARY_OF_STATE
A
TOTAL

COVER LETTER

Division of Corporations
SUBJECT: Gazebo Software, Inc.
(Name of Corporation)
DOCUMENT NUMBER: F06000002141
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:
James N. Van Elsen
(Name of Person)
Gazebo Software, Inc.
(Name of Firm/Company)
2407 Drenthe Laan
(Address)
Pella, IA 50219
(City/State and Zip Code)
For further information concerning this matter, please call:
James N. Van Elsen at (641) 621-0057 (Name of Person) (Area Code & Daytime Telephone Number)
(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 c

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

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Bradley D. Leonard (Name of Registered Agent)
hereby resigns as Registered Agent for Gazebo Software, Inc. (Name of Corporation)
F0600002141
(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:
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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