

717844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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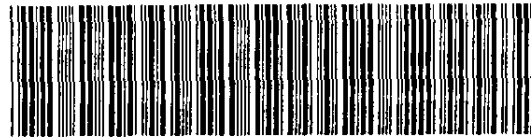
(Business Entity Name)

(Document Number)

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Resignation  
to RCT

03/22/11--01031--010 \*\*87.50

2011 MAR 22 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2/25/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Model Village Unit One, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** 717844

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:

Charles J. Fohlbrook

(Name of Person)

Miracle Property Management, LLC

(Name of Firm/Company)

267 No. Collier Blvd., Suite E201

(Address)

Marco Island, Florida 34145

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles J. Fohlbrook

(Name of Person)

at ( 239 ) 970-2747

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2011 MAR 22 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Miracle Property Management, LLC  
(Name of Registered Agent)

hereby resigns as Registered Agent for Model Village Unit One, Inc.

(Name of Corporation)

717844

(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.

Charles J. Fohlbrook, MM  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Charles J. Fohlbrook

CHARLES J FOHLBROOK

(Typed or Printed Name)

Managing Member

(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