749800

(Requestor's Name)
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COVER LETTER

Division of Corporations
SUBJECT: The Academy of Ormand Beach (Name of Corporation)
DOCUMENT NUMBER: 749800
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:
Christina Recascino (Name of Person)
The Acade my of Domind Beach (Name of Virm/Company)
75 500 10 1 100

For further information concerning this matter, please call:

erson) at (386) 677-9948 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section

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

CR2E046(08/05)

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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SEGRETARY OF STATES
TABLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, John Vaslowski (Name of Registered Agent)
hereby resigns as Registered Agent for The Academy of Ormand Beach June (Name of Corporation)
749800 (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)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)