1458000000N

	augetode.Name)_	
ASSOCIA* Community Mar 5401 South Kirkman Ro	nagement Profess ad, Suite 450 Orlar	sionals, inc.
(Ad	aress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		
,		

Office Use Only



300130891463

06/05/08--01024--002 **87.50





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, Ommunity Management Professionals, Inc.
Florida Statutes, the undersigned, <u>Ommunity Manuement Professionals</u> , <u>Inc.</u> (Name of Registered Agent) hereby resigns as Registered Agent for <u>(arriage Point Neighborhood Psociation, Inc.</u> (Name of Corporation)
NOL OOOOO 234/ (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:
in signing on benan 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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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