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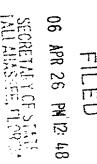
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	7
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A Resign Thewis



04/26/06--01029--001 **87.50

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Royal Palms Homeowness Association (Name of Corporation)
DOCUMENT NUMBER: 1900006765
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:
Vrckr DrgZ (Name of Person)
WORLD OF Homes (Name of Firm/Company)
2884 5. OSCCOLA AVE.
ORIGINAL FL 32806 (City/State and Zip Code)
For further information concerning this matter, please call:
Vicki Diuz at (407) 770-1748 (Name of Person) at (Area Code & Daytime Telephone Number)
Englanding shadows in small to the Elizide Department of Court Court for the court of Court for the

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED

06 APR 26 PM 12: 48

SECRETARY OF STATE
FALLAHASSEF, FLORID.

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	· CORDE
Florida Statutes, the undersigned, WORDOF HOMES	
(Name of Registered Agent)	· Aco
hereby resigns as Registered Agent for Royal Palms Homenwith	J, Mass
W9700006765 (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:

20 Chalons L. Jan.

(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