N98000001812

(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:
·

Office Use Only



000261775840

07/07/14--01017--027 **245.00

C. LEWIS JUL 22 201.4 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: FLORIDA YOUTH CONSERVA	TION CORPS, INC.
(Name of Corporat	on)
DOCUMENT NUMBER: N98000001812	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
AIDA NORTON	
(Name of Person)	
(Name of Firm/Company)	
601 THOMAS CIRCLE	
(Address)	
LAND O'LAKES, FL 34638	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
(Name of Person) at (813)	263-9/3/wll & Daytime Telephone Number)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



RESIGNATION OF REGISTERED AGENT 14 JUL -7 PM 2: 13 FOR A CORPORATION

	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, AIDA	NORTON
, <u> </u>	(Name of Registered Agent)
hereby resigns as Registered Agent for	ELORIDA YOUTH CONSERVATION CORPS, INC.
	(Name of Corporation)
N98000001812	
(Document Number, if known)	_
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which hature of Resigning Agent)
If signing on behalf of an entity:	
(T	yped 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withdrawn corporation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