

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number

: (850)617-6380

Account Name Account Number : 11067000060

: THOMAS C. COBB P.A.

Phone

: (305)571-8062

Fax Number

REGISTERED AGENT RESIGNATION

RIVER EDGE ASSOCIATES, INC.

Certificate of Status	0
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4/15/2008

4-16-08

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FOR	A CORPORATION	2
Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509 (2)
Florida Statutes, the undersigned, The	omas C. Cobb	30 0
- · · ·	(Name of Registered Agent)	30.72
hereby resigns as Registered Agent for	River Edge Associates, Inc.	
	(Name of Corporation)	70, 00
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(Document Number, if known)		2.
A copy of this resignation was mailed to	o the above listed corporation at its last k	nown address,
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the day	ate on which
(Sig	gnature of Resigning Agent)	_
If signing on behalf 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withdrawn corporation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
Tallahassec, FL 32314

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