P07000033304

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SECRETARY OF STATE

(1) 2-7-cu

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ABC MANAGEMENT OF CENTRAL FLOR	RIDA INC.
(Name of Corporation	
DOCUMENT NUMBER: P07000033304	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
CAROLINA ESTEVEZ	
(Name of Person)	
ABC MANAGEMENT OF CENTRAL FLORIDA INC.	
(Name of Firm/Company)	
5445 CAPE HATTERAS DRIVE	
(Address)	
CLERMONT, FL 34714	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CAROLINA ESTEVEZ at (352- (Name of Person) (Area Code	536-1669 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



January 14, 2008

CAROLINA ESTEVEZ 5445 CAPE HATTERAS DRIVE CLERMONT, FL 34714

SUBJECT: ABC MANAGEMENT OF CENTRAL FLORIDA, INC.

Ref. Number: P07000033304

We have received your document for ABC MANAGEMENT OF CENTRAL FLORIDA, INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 208A00002791

Carol Mustain Regulatory Specialist II

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309, or 617.1309,
Florida Statutes, the undersigned, KA	ATHY KOHN
	(Name of Registered Agent)
hereby resigns as Registered Agent for	ABC MANAGEMENT OF CENTRAL FLORIDA
	(Name of Corporation)
P07000033304	
(Document Number, if known)	
A copy of this resignation was mailed to	o 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.	gnature of Resigning Agent)
If signing on behalf of an entity:	ETARY OF
	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