

P0900006679a

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : DIVINE & ESTES, P.A.
Account Number : I20020000158
Phone : (407) 426-9500
Fax Number : (407) 426-8030

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**REGISTERED AGENT RESIGNATION
WATERFORD RESCAP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

RECEIVED

11 AUG -9 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTRY OF COMPANIES
TALLAHASSEE, FLORIDA

11 AUG -9 PM 4:18

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Electronic Filing Menu

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Handwritten signature and date: 8/9/11

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Waterford Rescap, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P09000066792

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Theodore D. Estes, Esq.

(Name of Person)

Divine & Estes, P.A.

(Name of Firm/Company)

24 S. Orange Ave.

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Theodore D. Estes at (407) 426-9500

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

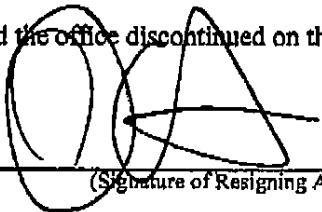
Florida Statutes, the undersigned, Theodore D. Estes
(Name of Registered Agent)

hereby resigns as Registered Agent for Waterford Rescap, Inc.
(Name of Corporation)

P09000066792
(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:

(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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

14 AUG -9 PM 6:18

APPROVED
BY THE
SECRETARY OF STATE

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