Division of Corporations Public Access System

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Division of Corporations

: (850)617-6380

From:

Account Name : GREENSFOON MARDER, P.A.

Account Number : 076064003722

Phone : (407)422-6583

Fax Number : (954)343-6962

## REGISTERED AGENT RESIGNATION

## INVERRARY RESORT & HOTEL CORPORATION

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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		E. FLOATE
Pursuant to the provisions of sect	ions 607.0502(2), 617,0502(2), 607.1509, or 61	17.1509.
Florida Stanites, the undersigned,	GERALD GREENSPOON, ESQ. (Name of Registered Agent)	
nereny resigns as Registered Age	nt for INVERRARY RESORT & HOTEL (Name of Corporation)	CORPORATION
P93000031107		
(Document Number, if known)	<del></del>	
A copy of this resignation was m	ailed to the above listed corporation at its last k	nown address.
The agency is terminated and the	office discontinued on the 31st day after the da	te on which
this statement is filed.		be and latetand
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	(Signature of Resigning Agent)	<del></del> -
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If signing on behalf of an entity:		
	; ·	
	(Decord on Drivers Name)	_
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Tallahassoo, FL 32314