

729 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

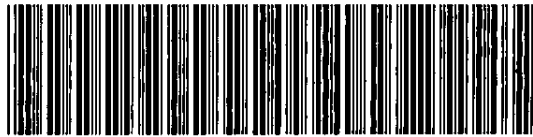
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: *DS*

Office Use Only



000180702760

000180702760
10/27/10--01006--015 **175.00

FILED
10 OCT 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*RA Res
KRG*



111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctlegalsolutions.com

October 8, 2010

RE: PLEASE SEE ATTACHED LIST.

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

no money

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 175.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:lf
Enclosure

*called 10/21
sending heat*

RECEIVED
10 OCT 18 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARGATE MOOSE LODGE NO.2201, LOYAL ORDER OF MOOSE. (FL. DOM.)

PERRY LODGE NO. 2353, LOYAL ORDER OF MOOSE, INC. (FL. DOM.)

POINCIANA LODGE NO.2409, LOYAL ORDER OF MOOSE. (FL. DOM.)

SOUTH MIAMI LODGE NO. 2229 LOYAL ORDER OF MOOSE, INC. (FL. DOM.)

ST. AUGUSTINE LODGE NO. 1017, LOYAL ORDER OF MOOSE, INC. (FL. DOM.)

**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, C T CORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for MARGATE MOOSE LODGE NO.2201, LOYAL
ORDER OF MOOSE (FL DOM)
(Name of Corporation)

729888
(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:

C T CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)

ASSISTANT SECRETARY
(Capacity)

FILED
10 OCT 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**