## 356868

•			
(Requestor's Name)			
(Address)			
(Address)			
· ,			
(City/State/Zip/Phone #)			
(Only States Liph Holle W)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
•			
Certified Copies Certificates of Status			
Consideration at Ellipse			
Special Instructions to Filing Officer:			

Office Use Only



700113139167

12/17/07--01027--016 \*\*35.00



TS (Sold)

## **COVER LETTER**

Division of Corporations
SUBJECT: AMREP SOUTHEAST, INC.
(Name of Corporation)
DOCUMENT NUMBER: 256868
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary E. Fink
(Name of Person)
National Corporate Research, Ltd, Inc.
(Name of Firm/Company)
615 S. Dupont Highway
(Address)
Dover, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
Mary E. Fink  (Name of Person)  at (800) 483-1140  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	is 607.0502(2), 617.0502(2), 607.1509, o	r 617.1509,		
Florida Statutes, the undersigned, _	ida Statutes, the undersigned, National Corporate Research, Ltd, Inc.			
	(Name of Registered Agent)			
hereby resigns as Registered Agent t	AMREP SOUTHEAST, INC.			
, , ,	(Name of Corporation)	<del></del> ,		
256868				
(Document Number, if known)	<del></del>			
A copy of this resignation was maile	ed to the above listed corporation at its la	st known address.		
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the	date on which		
Wayne	Rafanelli.			
•	(Signature of Resigning Agent)			
If signing on behalf of an entity:				
		74.		
Wayne Rafane	lli			
	(Typed or Printed Name)			
		A COM		
		た。		
	(Capacity)			
	(Capacity)	SI A		
		20世 20世		

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