392222

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: REGAL PROPERTIES, INC. (Name of Corporation)	
DOCUMENT NUMBER: 392222	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ing.
Please return all correspondence concerning this matter to the following:	_
ROBERT J. BERTRAND	
(Name of Person)	
GRAY ROBINSON, P.A.	
(Name of Firm/Company)	
POST OFFICE BOX 3	
(Address)	
LAKELAND, FLORIDA 33802-0003	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DAVID D. HALLOCK, JR. at (863) 284-2200	
DAVID D. HALLOCK, JR. at (863) 284-2200 (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Department of State for \$87.50 for an active or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn cornoration	corporation

on

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	visions of sections of	37.0302(2), 617.0502(2), 607.1509, or 617	.1509,		
Florida Statutes, the	e undersigned, RC	DBERT J. BERTRAND			
		(Name of Registered Agent)			
hereby resigns as R	egistered Agent for	REGAL PROPERTIES, INC.			
norcey reeigns as in	9,51010471941110	(Name of Corporation)		,	
392222					
(Document Ni	ımber, if known)	_			
A copy of this resig	nation was mailed to	the above listed corporation at its last kno	wn add	ress.	
The agency is termithis statement is file		discontinued on the 31st day after the date	on whic	:h	
			TALI	30	
	(Sig	nature of Resigning Agent)	4	OS HAY	
If signing on behalf	of an entity:		ASSE		=
_	GRAY ROBINSON		E. F. S	A	
	(7	Typed or Printed Name)	S FATE LORID,	11:43	<u> </u>
	ATTORNEY)A	w	
		(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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