

601731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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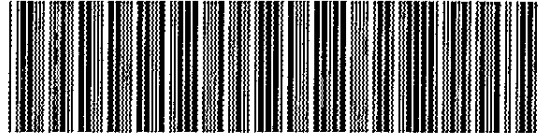
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601731  
ALPES  
10-3-03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Reid, Lentz and Associates, P.A.

(Name of Corporation)

**DOCUMENT NUMBER:** 601731

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:

Lawrence R. Reid, President/Treasurer

or Robert Lentz, M.D., Secretary

Reid, Lentz and Associates, P.A.

(Name of Firm/Company)

P.O. Box 1067

(Address)

Loxahatchee, FL 33470-1067

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence R. Reid

(Name of Person)

at ( 561 ) 791-7521

(Area Code & Daytime Telephone Number)

or Robert Lentz, M.D.

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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, Lawrence P. Rochefort, Esquire/Akerman Senterfitt  
(Name of Registered Agent)

hereby resigns as Registered Agent for Reid, Lentz and Associates, P.A.  
(Name of Corporation)

601731  
(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:

Lawrence P. Rochefort, Esquire  
(Typed or Printed Name)

Attorney  
(Capacity)

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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