## 726679

Merile Sugarman (Requestors Name)
Meville Suzarman, CH
(Address)  (Address)  (Address)
Sarasota, F134541
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
. Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



400020692154

06/23/03--01060--011 \*\*35.00

LAHASSEE,

Y OF STATE SEE, FLORIDA

N 23 PM 2: 0

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607			), or 617.1509,
Florida Statutes, the undersigned,	CAUREN	OLL	_
Florida Statutes, the undersigned,	(Name of Registered Agent)		
hereby resigns as Registered Agent for	CARE	SALBOTA	COMRUNITY 185.
	(Name of Corporation)		
726679			**************************************
(Document Number, if known)	<del></del>		
	discontinued on the state of Resigning		the date on which
If signing on behalf of an entity:			
<u> </u>	yped or Printed Nar	ne)	<u> </u>
(-	<b>J</b> F	•,	
	(Canacity)		

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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