144184

(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:

Office Use Only

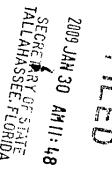
7509



500142239655

01/30/09--01026--017 **175.00





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SHAMROCK A (RES (Name of Corporation)
DOCUMENT NUMBER: 744 184
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:
(Name of Person)
BOSSHARDT REALTY (Name of Firm/Company)
2123 SW 20 PL (Address)
OCALA, FL 34471 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 671-8203 (Area Code & Daytime Telephone Number)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, (Name of Registered Agent) Management
hereby resigns as Registered Agent for 5 (Name of Corporation), (Name of Corporation)
(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.
James H. Mul (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name) Manager (Capacity) (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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