746111		
(Requestor's Name)		
(Address)	300426532503	
(Address) (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	04/02/2401028019 <b>**</b> 87.50	
(Business Entity Name) (Document Number)		
ertified Copies Certificates of Status		
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## **COVER LETTER**

#### **TO:** Amendment Section Division of Corporations

Beaches Area Historical Society, Inc. SUBJFCT-

· - .

3000LCT	(Name of Corporation)	-
DOCUMENT NUMBER:_	746111	

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:

Office Manager

. .

(Name of Person)

Ford Miller & Wainer PA

(Name of Firm/Company)

1835 3rd St N

(Address)

Jacksonville Beach/FL/32250

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Hoffman

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

- \*

PH 12:

# **RESIGNATION OF REGISTERED AGENT** FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, \_\_\_\_\_ (Name of Registered Agent) hereby resigns as Registered Agent for <u>Beaches Area Historical Society</u>, Inc. (Name of Corporation) 746111

(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: (Typed or Printed Name) 2 PH 12: (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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