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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850) 205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for Tuture annual report mailings. Enter only one email address please.

Dmm - 1	Address:			
	numessi			

REGISTERED AGENT RESIGNATION WOOD LODGE NO. 919, LOYAL ORDER OF MOOSE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOLLYWOOD LODGE NO. 919, LOYAL ORDER OF MOOSE, INC.
(Name of Corporation)
DOCUMENT NUMBER: 749555
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:
Theresa Alfieri
(Name of Person)
C T CORPORATION SYSTEM
, (Name of Firm/Company)
111 8th Avenue, 13th Floor
(Address)
New York, New York 10011
(City/State and Zip Code)
For further information concerning this matter, please call:
Theresa Alfieri at (212) 894-8516

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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	provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,		
Florida Statute	s, the undersigned, CT CORPORATION SYSTEM			
hereby recions	as Registered Agent for HOLLYWOOD LODGE NO. 919, LOYAL ORDER OF	MOOSE	, INC.	
hereby resigns as Registered Agent for (Name of Corporation)				
749555 ;				
(Docume	nt Number, if known)			
A copy of this i	resignation was mailed to the above listed corporation at its last kno	wn add	ress.	
The agency is this statement is	erminated and the office discontinued on the 31st day after the date s filed.	on whi	ch	
	Malken			
	(Signature of Resigning Agent)			
If signing on be	壽新	ಹ		
	CT CORPORATION SYSTEM-Theresa Alfieri		FEB 10	Tre
:	(Typed or Printed Name)			()
:		المام المامية المام	K	
	ASSISTANT SECRETARY	14 _		••
*	(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