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Division of Corporations Fax Number : (850)617-6380

From:

Account Name : PATRICK M. WHITEHEAD, P.A. Account Number : I20090000003 Phone : (561)833-5553 Fax Number : (561)833-5628

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

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## **REGISTERED AGENT RESIGNATION BIG BROTHERS/BIG SISTERS OF PALM BEACH COUNTY, INC.**

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January 15, 2010

## FLORIDA DEPARTMENT OF STATE BIG BROTHERS/BIG SISTERS OF PALM BRACH COUNTY, INC.

215 S. OLIVE AVE., STE 400 WEST PALM BEACH, FL 33401US

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SUBJECT: BIG BROTHERS/BIG SISTERS OF PALM BEACH COUNTY, INC. REF: 756683

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H10000010146 Letter Number: 210A00001293



P.O BOX 6327 - Tailahassee, Florida 32314

01-18-'10 10:06 FROM-

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## TALL AND STREET OF STREET OF STREET STRE **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, Teny Les Kaly (Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_Big Brothers/Big Sisters of Palm Beach County, Inc. (Name of Corporation)

756683

(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 Age

If signing on behalf of an entity:

(Typed or Printed Name)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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