763161

(Requestor's Name)	
(Address)	
· ·	
(Address)	
(City/State/Zip/Phone #)	
(City/State/ZIp/Fillorie #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
·(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
_	

Office Use Only



700159537257

08/14/09--01019--017 **87.50

FILED

09 AUG IL AM II: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Orlar 4/90r

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: River Way Management, Inc.	
(Name of Corp	oration)
DOCUMENT NUMBER: 763161	
The enclosed Resignation of Registered Agent for a Cor	poration and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Robert L. Taylor, Esq.	
(Name of Person)	
Taylor & Carls, P.A.	
(Name of Firm/Company)	
150 N. Westmonte Drive	
(Address)	
Altamonte Springs, FL 32714	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Robert L. Taylor at (407) 660-1040
(Name of Person) (Area C	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	ylor & Carls, P.A. (Name of Registered Agent)
hereby resigns as Registered Agent for	River Way Management, Inc.
	(Name of Corporation)
763161	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Si	gnature of Resigning Agent)
If signing on behalf of an entity:	O9 AUG I SECRETA TALLAHAS
Robert L. Taylor,	Esq.
	Typed or Printed Name)
Shareholder	AM 11: 30 FLORIDA Service
 	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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