٠,	

(Re	equestor's Name)			
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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R. WHITE SEP 10 2018 FILED 2018 SEP -4 AM 9: 4:3 SECRETARY SEE, FAT

COVER LETTER

Division of Corporations	
SUBJECT: Pelican Landing A Private Fish	ning Condominium, Inc.
	Corporation)
DOCUMENT NUMBER: 766102	
The enclosed Resignation of Registered Agent for a	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Dean Thompson	
(Name of Person)	
ICAMCO, INC.	
(Name of Firm/Company)	
3438 Duck Avenue	
(Address)	
Key West, Florida 33040	
(City/State and Zip Code)	
For further information concerning this matter, plea	ise call:
Dean Thompson at (3	05 ,396-3045
(Name of Person) (A	rea 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ICA	AMCO, INC.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	
	(Name of Corporation)
766102	
(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:

Dean Thompson	2018 S SECR TAL
(Typed or Printed Name)	ETAR?
Vice President	SSE E
(Capacity)	9: 43 E.FL

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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