## 768777

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

	(Name of Corporation)
DOCUMENT NUMBER:	768777
The enclosed Resignation of Re	gistered Agent for a Corporation and fee are submitted for filin
Please return all correspondenc	e concerning this matter to the following:
Karen Loraine (Name of	Percon
(Ivanic Oi	r craony
GrayRobinson, P.A.	
(Name of Firm	1/Company)
4505 *** *** *** *** ***	
1795 W. Nasa Blvd.	
(Addi	ess)
Melbourne, FL 32901	
(City/State an	d Zip Code)
For further information concern	ning this matter, please call:
	7 K
Michelle Deering	at ( 321 ) 727-8100
(Name of Person	) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

CR2E046 (04/12)

Street Address:
Amendment Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

TO: Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rusualit to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 617.1309,
Florida Statutes, the undersigned, Patrick Healy
(Name of Registered Agent)
hereby resigns as Registered Agent for MONITORING PARENTS SUPPORT GROUP OF BREVARD COUNTY, INC. (Name of Corporation)
768777
(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)
(Capacity)

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation