823596

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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OLAPR 26 PM 3: 53

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
STIR.	JECT:	ATIONAL HOMES CORPORATION (IN. DOM.)
5050		(Name of Corporation)
DOC	UMENT NUMBER:	823596
The e	enclosed Resignation of Regis	stered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence c	oncerning this matter to the following:
THE	RESA ALFIERI	
	(Name of Pe	rson)
CT	CORPORATION SYSTEM	
	(Name of Firm/C	ompany)
111	8TH AVENUE - 13TH FLOOF	_
	(Address	
NEV	V YORK, NEW YORK 10011	
	(City/State and Z	ip Code)
For fi	urther information concerning	g this matter, please call:
THE	RESA ALFIERI	at (212) 894 - 8516 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo or \$3	osed is a check made payable 5.00 for an administratively o	to the Florida Department of State for \$87.50 for an active corporation lissolved, voluntarily dissolved or withdrawn corporation.
Amer Divis P.O.	ing Address: adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	NATIONAL HOMES CORPORATION (IN. DOM.) (Name of Corporation)		
823596	-		
(Document Number, if known)	-		
	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		
he	allu E 2		
(Sig	mature of Resigning Agent)	4	
If signing on behalf of an entity:	mature of Resigning Agent) ALT APR 26		
C T CORPORAT	ION SYSTEM - THERESA ALFIERI		
(1	Typed or Printed Name)	السيا	
ASS	SISTANT SECRETARY		
	(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withdrawn corporation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