

11/07/2011 12:51 FAX

LEOPOLD KORN LEOPOLD SNY

1001/002

Division of Corporations

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F05000001108

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : 120010000025
Phone : (305) 935-3500
Fax Number : (305) 935-9042

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

Email Address: _____

RECEIVED
11 NOV -7 AM 8: 01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION
CORTEZ FLORIDA ACQUISITIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2011 NOV -7 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Brain

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2011 NOV -7 PM 4:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LEOPOLD, KORN & LEOPOLD, P.A.
(Name of Registered Agent)

hereby resigns as Registered Agent for CORTEZ FLORIDA ACQUISITIONS, INC.
(Name of Corporation)

F05000001108

(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:

KAREN S. LEOPOLD

(Typed or Printed Name)

PRESIDENT

(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withdrawn corporation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**