## P110000001839

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Daymark Realty Advisors, Inc.	
(Name of Corporation)	_
DOCUMENT NUMBER: F11000000829	_
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
ROBIN MOLT	
(Name of Person)	
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	966 866
80 STATE STREET	AUG 19
(Address)	9 4445
ALBANY NY 12207	PH 2:
(City/State and Zip Code)	ି . ଜୁଲ
For further information concerning this matter, please call:	;
ROBIN MOLT at (518 ) 433/7018	
(Name of Person) (Area 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0302(2), 617.0302(2), 607.1309, or 61.	7.1309,		
Florida Statutes, the undersigned, CORPORATION SERVICE COMPAN	۷Y		
(Name of Registered Agent)			
hereby resigns as Registered Agent for Daymark Realty Advisors, I	nc.		
(Name of Corporation)			
F1100000829			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kn	own ado	dress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on wh	ich	
(Signature of Resigning Agent)	<del></del>		
	MSE.	<del></del>	
If signing on behalf of an entity:	22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24	A	Ţ
ROBIN MOLT	ASSET -	AUG 19 F	
(Typed or Printed Name)	ura ura ura	<b>_</b>	3 . -1+ <del></del>
ASST SECRETARY		2: 06	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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