F110000002123

(Re	questor's Name)	,		
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT .	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
,				





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ONVISION OF CORPORATIONS

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COVER LETTER

	Amendment Section Division of Corporations		
SUBJE	CT: PARMENTER REALTY	' FUND I'	V, INC.
DOCUN	MENT NUMBER: <u>F110000021</u>	23	
The encl	losed Resignation of Registered Agent	for a Corpor	ration and fee are submitted for filing.
Please re	eturn all correspondence concerning th	is matter to t	he following:
	Rhonda Peirce (Name of Person)		-
Capito	Services Registered Agent De (Name of Firm/Company)	partment	_
	800 Brazos, Ste 400 (Address))	_
	Austin, TX 78701 (City/State and Zip Code)		_
For furth	her information concerning this matter	, please call:	
Rhond	la Peirce a	nt (<u>800</u>)345-4647
	(Name of Person)	(Area Code	e & Daytime Telephone Number)
	d is a check made payable to the Florid 00 for an administratively dissolved, vo		nt of State for \$87.50 for an active corpora solved or withdrawn corporation.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046 (04/12)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned. Capitol Corporate Services, Inc. (Name of Registered Agent)	
hereby resigns as Registered Agent for PARMENTER REALTY FUND IV, INC. (Name of Corporation)	
F1100002123 (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:	
Cheryl Roberts (Typed or Printed Name)	n 11
President Printed Name) President	ロスプライ
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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