

F14000003669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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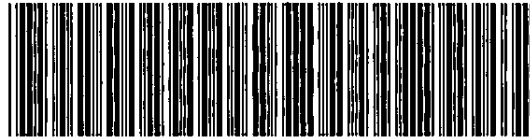
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLOOMINGDALE PALMS MANAGER, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Archambault

(Name of Person)

National Corporate Research

(Name of Firm/Company)

850 New Burton Rd Suite 200

(Address)

Dover, DE 19904

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Archambault at (866) 621-3524 ext. 3041
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314