# F71244

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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### COVER LETTER :

	(Name of Person)	(Area Cod	e & Daytime Telephone Number)
PATR	CIA KOHSMAN	561 at (	982-9555
For fu	orther information concerning this matter	, please call:	
	(City/State and Zip Code)		_
BOCA	RATON, FL 33431		
	(Address)		_
1001 Y	'AMATO ROAD, SUITE 310		
	(Name of Firm/Company)		_
SAMU	EL J. CANTOR, P.A.		
	(Name of Person)		_
SAMU	EL CANTOR		
Please	e return all correspondence concerning the	nis matter to	the following:
The e	nclosed Resignation of Registered Agent	t for a Corpo	ration and fee are submitted for filing
	JMENT NUMBER: F71244		
	(Nai	me of Corpora	
SUBJ	COLD SPRINGS VILLAGE, INC.		
	Division of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509	•	
Florida Statutes, the undersigned, SAMUEL CANTOR		
(Name of Registered Agent)		
hereby resigns as Registered Agent forCOLD SPRINGS VILLAGE, INC.		
(Name of Corporation)		
F71244		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known a	ddress.	
The agency is terminated and the office discontinued on the 31st day after the date on we this statement is filed.	hich'	
(Signature of Resigning Agent)  If signing on behalf of an entity:	<b>202</b> 0 Mar 16	JIVISION OF S
(Typed or Printed Name)	6 PM 2: <b>2</b> 0	*!! # andab03

#### 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)