## F9500000 2689

(Requestor's Name)	_
(Address)	_
(Address)	_
(Addiess)	
	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(23371202 21013, 1101110)	
	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	1
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Ra Resignation

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## **COVER LETTER**

TO: Amendmen Division of	Corporations		
SUBJECT: Melk	oourne Beach H	lotel Manag	ement Corporation
	MBER: F95000002	Name of Corporati	on)
			tion and fee are submitted for fil
	rrespondence concernin		
Corinne P. I	McClure, Senio	r Paralegal	
	(Name of Person)	<del></del>	
McGuireV			
	(Name of Firm/Company)		
50 North L	aura Street, S	Suite 3300	
	lle, FL 32202	2	
	(City/State and Zip Code)		
For further informa	ition concerning this ma	itter, please call:	
Corinne M	lcClure	<sub>at (</sub> 904	798-3294 & Daytime Telephone Number)
(Na	me of Person)	(Area Code	& Daytime Telephone Number)

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	607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned. RA	AX Co
	(Name of Registered Agent)
heroby resigns as Registered Agent fo	Melbourne Beach Hotel Management Corporation
netery resigns as registered regent to	(Name of Corporation)
F95000002689	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	ce discontinued on the 31st day after the date on which
Liaa U	Jay Con Signature of Resigning Agent)
If signing on behalf of an entity:	Signature of Resigning Agent)  TALLAHASSEE  (Typed or Printed Name)
Lisa O. Taylo	or See 🛧 🗜
-	(Typed or Printed Name)
	· 17 52
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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