## F99000004039

•
(Requestor's Name)
(Address)
(Address)
(133-23)
(Cit. (Ch.A. (7) a (Th. a. a. 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
· · · · · · · · · · · · · · · · · · ·
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300166352913

01/25/10--01058--015 \*\*87.50

10 JAN 25 MILL: 15
SECRETARY OF STATE
SECRETARY OF STATE

R.A. Resign

**C.COULLIETTE** 

JAN 27 2010

**FXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Home Deva / Tivoli Inc. (Name of Corporation)
DOCUMENT NUMBER: F9900004039
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:
(Name of Person)
Clo Scott orth Esquire (Name of Firm/Company)
9999 15 2 AVE. # 204 (Address)
MIGHT Shores FL 33138 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 757-3300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, and lew Steinberg (Name of Registered Agent)
hereby resigns as Registered Agent for Home Devco / Tivoli, Inc., (Name of Corporation)
F 9 9 00 000 4 0 3 9 (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:  ALLANSECRETARY OF STARY OF STA

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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