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DWM LAW OFFICES ABRAMS ANTON P.A. 2021 Tyler Street Post Office Box 229010 Hollywood, Florida 33022-9010	6000044847469
City/State/Zip Phone #	-07/18/01010/3010 ******35.00 ******35.00 Office Use Only
CORPORATION NAME(S) & DOCU  1 (Corporation Name)	MENT NUMBER(S), (if known):
2(Corporation Name) 3	(Document #)
(Corporation Name) 4(Corporation Name)	(Document #) (Document #)
Walk in Pick up time Mail out Will wait	Certified Copy     Certificate of Status     AMENDMENTS
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	Amendment Resignation of R.A. Officer/Directer Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION         Foreign         Limited Partnership         Reinstatement         Trademark         Other
CR2E031(7/97)	Examiner's Initials AC 1/20

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## **RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 6	07.0502(2)	), 617.0502	(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned, <u>MA</u>	URICE M	M. GARCI	A	
0 , <u></u>		(Name o	f registered agent)	
hereby resigns as Registered Agent for	The Co	ourt at	Palm Aire,	Inc.
		(Name	of corporation)	

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.

arcia (Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document: \$87.50 - Active corporation ETARY OF S \$35.00 - Administratively dissolved corporation 8 Make checks payable to Florida Department of State and mail to: ₽ **Division of Corporations** P.O. Box 6327 ÿ Tallahassee, FL 32314 မ္မာ

CR2E046(9/98)