## H31310

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



200009780962

01/15/03--01087--008 \*\*35.00

RA Resegr /11/03

## TRANSMITTAL LETTER

SUBJECT:_	ATLANTIC MORTGAG		of Corpora		72412 2 024	——————————————————————————————————————
D.O.O.Y.II. 6823111	DATE: 10721	•	or Corpora	uon)		
DOCUMEN	I NUMBER: H3731					
The enclosed	Resignation of Registered	Agent fo	or a Corpo	ration and f	ee are subm	itted for fill
Please return	all correspondence concer	ning this	matter to	the followin	ng:	
	•	Ü			0	
Kenneth	M. Kirschner			<u>.</u> .		- 52
	(Name of Person)					
Kirechn	er & Lëgler, PA					
MIL SCILL	(Name of Firm/Compa	ny)	·	_	<u>·</u>	***
300A Wha	arfside Way		··	_		
	(Address)					
Jackson	ville, FL 32207				-	
· - ·	(City/State and Zip Coo	de)		····		
For further in	formation concerning this	matter, p	lease call:		•	
	5	, ,				
Christin	ne A. Hill	at (	904	) 346-3	3200 Telephone N	
	(Name of Person)		(Area Cod	e & Daytime	Telephone N	Number)

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.	.0502(2), 617.050	02(2), 607.1509,	or 617.1509,	
Florida Statutes, the undersigned,Kei	nneth M. Ki		<u>.                                    </u>	
	(Name	of Registered Agent	)	
hereby resigns as Registered Agent for			INVESTMENT	CORPORATION
	(Par	ne of Corporation)		
н37310			. 2	
(Document Number, if known)				
A copy of this resignation was mailed to the	ne above listed co	orporation at its la	ast known address	s.
The agency is terminated and the office disthis statement is filed.	scontinued on the	31st day after th	e date on which	
	k _		SEO 3	- A
(Signa	ture of Resigning Ap	gent)		
If signing on behalf of an entity:			7.50 Fig.	5 0
(Тут	oed or Printed Name	)		8 5
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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