H65940

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)
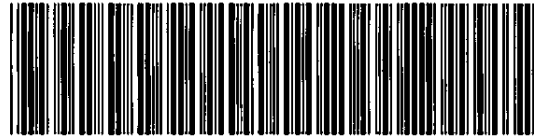
☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

resignation
of
RA

05/11/06--01022--003   **407.50

RECEIVED
06 MAY 11 PH 12: 59
DIVISION OF CORPORATION

FILED
06 MAY 11 PH 1: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/12/06

Neptune Flamingo
Yacht Club Inc

_____ Art of Inc. File_____

_____ LTD Partnership File_____

_____ Foreign Corp. File_____

_____ L.C. File_____

_____ Fictitious Name File_____

_____ Trade/Service Mark_____

_____ Merger File_____

✓ Art. of Amend. File_____

✓ RA Resignation_____

_____ Dissolution / Withdrawal_____

_____ Annual Report / Reinstatement_____

_____ Cert. Copy_____

_____ Photo Copy_____

_____ Certificate of Good Standing_____

_____ Certificate of Status_____

_____ Certificate of Fictitious Name_____

_____ Corp Record Search_____

_____ Officer Search_____

_____ Fictitious Search_____

_____ Fictitious Owner Search_____

_____ Vehicle Search_____

_____ Driving Record_____

_____ UCC 1 or 3 File_____

_____ UCC 11 Search_____

_____ UCC 11 Retrieval_____

_____ Courier

Signature

Requested by _____ 5|9

Name   **Date**   **Time**

Walk-In _____   Will Pick Up _____

Active

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION

FILED 06 MAY SECRETARY TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, **Capital Connection, Inc**
(Name of Registered Agent)

hereby resigns as Registered Agent for **Neptune Flamingo Yacht Club, Inc**
(Name of Corporation)

H65940
(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.

Leilani White
(Signature of Resigning Agent)

If signing on behalf of an entity:

Leilani White
(Typed or Printed Name)

Registered Agent Coordinator
(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withdrawn corporation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