

H 65940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

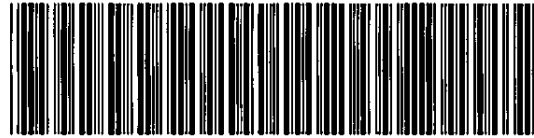
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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100072654231

Resignation

RA

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

RECEIVED
06 MAY 11 PM 12:59
DIVISION OF CORPORATION

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

RA
5/12/06

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Neptune Flamingo
Yacht Club Inc

8750

Signature

Requested by

AW 5/9

Name

Date

Time

Walk-In

Will Pick Up

- 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 _____

Active

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

06 MAY 11 AM 1:50 PM
FILED
SECRETARY OF STATE
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 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withdrawn corporation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**