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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
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ECRETARY OF STATE LAHASSEF, FIORIDA

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COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CCT: EAST-WEST 305 CORPORATION
	(Name of Corporation)
DOCU	MENT NUMBER:_ J84981
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
ROBE	ERT J. BERTRAND
	(Name of Person)
GRA	Y ROBINSON, P.A.
	(Name of Firm/Company)
POST	T OFFICE BOX 3
	(Address)
LAKE	ELAND, FLORIDA 33802-0003
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
DAVIE	D D. HALLOCK, JR. (Name of Person) at (863) 284-2200 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, ROBERT L BERTRAND
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ROBERT J. BERTRAND (Name of Registered Agent)
hereby resigns as Registered Agent for EAST-WEST 305 CORPORATION (Name of Corporation)
J84981
(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:
GRAY ROBINSON, P.A.
(Typed or Printed Name)
ATTORNEY
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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