K45721

(Re	questor's Name)	
(Ád	dress)	_
DA)	dress)	
(Cit	ty/State/Zip/Phone	e #)
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TALL ARTHENT OF STATE
VISION OF CORPORATION
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S. YOUNG

COVER LETTER

	(Name of Person)	(Area Co	ode & Daytime Telephone Number)
Jane C	. Rankin, Esq.	954 at (713-2324) ode & Daytime Telephone Number)
For fu	orther information concerning this ma	atter, please cal	1:
	(City/State and Zip Code))	
Fort L	auderdale, FL 33301		
	(Address)		
1 East	Broward Blvd., Suite 1600		<u> </u>
	(Name of Firm/Company)	
Kubicl	ki Draper		
	(Name of Person)		
Jane C	. Rankin, Esq.		_
	e return all correspondence concerni	ng this matter to	o the following:
The er	nclosed Resignation of Registered A	gent for a Com	oration and fee are submitted for filing
DOCU	JMENT NUMBER: K45721		
, CD)		(Name of Corpo	ration)
211011	Wam Boca West Corp.		
ro:	Amendment Section Division of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1	is 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	(Name of Registered Agent)
hereby resigns as Registered Agent f	For Wam Boca West Corp.
neteby resigns as Registered Agent i	(Name of Corporation)
K45721	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed. If signing on behalf of an entity:	(Signature of Resigning Agent) (Signature of Resigning Agent) (Signature of Resigning Agent) (Signature of Resigning Agent)
	(Typed or Printed Name)
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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