## K76109

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
-		

Office Use Only



000183430950

07/26/10--01019--029 \*\*87.50

ALLAHASSECLET COOK

10 JUL 26 PH 1:5



## **COVER LETTER**

SUBJECT: ORNAMENTAL PALMS INC	ame of Corporation)
DOCUMENT NUMBER:_ K76109	
he enclosed Resignation of Registered Age	nt for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
MARIA R. COEN	
(Name of Person)	······································
ORNAMENTAL PALMS INC.	
(Name of Firm/Company)	
789 CRANDON BLVD. CLUB TOWER	# 1 Ap. 1906
(Address)	
KEY BISCAYNE, FL. 33149	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
RENZO COEN	at ( 305 ) 301-6168
(Name of Person)	(Area Code & Daytime Telephone Number)

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

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	RICARDO GONZALEZ	
	(Name of Registered Agent)	
hereby resigns as Registered Agent f	ORNAMENTAL PALMS INC.	
, , ,	(Name of Corporation)	
K76109		
· - (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.	fice discontinued on the 31st day after the date on which  7/14/2010  (Signature of Resigning Agent)	
If signing on behalf of an entity:	$\sim$	
<del></del>	(Typed or Printed Name)	!
	(Typed or Printed Name)	: ၁ ဂ
	(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withdrawn corporation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