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

Office Use Only



200156052882

05/22/09--01011--017 **35.00

COVER LETTER

SUBJECT: CENTRAL PARK LODGES OF WEST PAL	
DOCUMENT NUMBER: L87729	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing
Please return all correspondence concerning this matter to the	ne following:
Mary E. Fink	
(Name of Person)	
National Corporate Research, LTD, Inc.	
(Name of Firm/Company)	
615 S. Dupont Highway	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary E. Fink at (800)483-1140
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,	
Florida Statutes, the undersigned,	tional Corporate Research, LTD, Inc. (Name of Registered Agent)		
hereby resigns as Registered Agent fo	Central Park Lodges of West Palm Beach, Inc. (Name of Corporation)		
L87729			
(Document Number, if known)			
A copy of this resignation was mailed	to the above listed corporation at its last kn	own address.	
this statement is filed.	be discontinued on the 31st day after the date	e on which	
- Layre	Signature of Resigning Agent)	2	
If signing on behalf of an entity:		7009 MAY 22 SECRETAR TALLAHASS	
Wayne Rafanelli	i	SSEE	
	(Typed or Printed Name)		
Vice-President, I		1: 03	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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