Requester's Name	224	
Address City/State/Zip Phone	#	800003500118 12/13/00-01086-005 ******87.50 *****87.50
	Office I	Use Only
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known	1):
(Corporation Name)	(Document #)	Pic O
2. (Corporation Name)	(Document #)	ECRETARY I
(Corporation Name)	(Document #)	F STATE ORID
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Off Change of Registered Ag Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIF	FICATION 1
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	950 MM200
	Tr-	aminar's Initials

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>GALE S. SCHORK</u> (Name of registered agent)
hereby resigns as Registered Agent for TRADER BAY REALTY INC. (Name of corporation)
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.
If signing on behalf of an entity: (Signature of resigning agent) (Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314