M(211

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
,	
Certified Copies Certificates of Status	
Serandaes of States	_
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

TOPIC FER A CASE OF THE SECOND SECOND

TRANSMITTAL LETTER

Division of Corporations) - - - -			
		ue Corpo orporation)		<u></u>	
DOCUMENT NUMBER:	•			. .	
The enclosed Resignation of Registered Ag	gent for a	Corporatio	n and fee are	submitted for	or filing.
Please return all correspondence concerning	g this mat	ter to the f	ollowing:		
James P. Paul		r 1 1 1			
(Name of Person)		1			
(Name of Firm/Company)	<u> </u>	† † † † † † † † † † † † † † † † † † †	-	** *	
3030 Rosewood Court (Address)) 			
(Addiess)		i i			
Davie, FL 33328 (City/State and Zip Code)	<u> </u>	<u>}-</u>			-
For further information concerning this ma		e call:			
James P. Paul	at (; 954)	467-1300	phone Number	
(Name of Person)	(Ar	ea Code &	Daytime Tele	phone Number	<u>)</u>
Enclosed is a check made payable to the F or \$35.00 for an administratively dissolved	lorida Der d, voluntar	partment of ily dissolv	State for \$8 ed or withdra	7.50 for an acawn corporat	ctive corporation on.
Amendment Section Ame Division of Corporations Divis P.O. Box 6327 409	et Address endment Se sion of Co E. Gaines la hassee, FI	ection rporations Street			

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
(Name of Registered Agent)
hereby resigns as Registered Agent for Second Avenue Corporation
(Name of Corporation)
M16211
(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. Augs Plan
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
700
ASS OB
(Capacity)
ASSEE F
Fee for filing this document: $\omega \omega$
\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved

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

withdrawn corporation