

m70362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100105820951

07/16/07--01041--039 **35.00

FILED
07 JUL 16 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res
SP

WEINER & ARONSON, P.A.
ATTORNEYS AT LAW

The Clark House
102 North Swinton Avenue
Delray Beach, FL 33444
Telephone: (561) 265-2666
Telecopier: (561) 272-6831
E-mail: sreitman@zonelaw.com

MICHAEL S. WEINER
CAROLE J. ARONSON

JASON S. MANKOFF
KERRY D. SAFIER
SHAYNA M. REITMAN

July 13, 2007

Via 3-Day Overnight Mail

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: St. Andrews of Sarasota, Inc.
Our File No.: MSWA305

Dear Sir/Madam:

Enclosed please find the Resignation of Registered Agent for St. Andrews of Sarasota, Inc. Also enclosed please find a check for THIRTY-FIVE AND NO/100 (\$35.00) DOLLARS payable to the Florida Department of State. This amount is for the Filing Fee for this document.

Please return all correspondence concerning this matter to me at:

Shayna M. Reitman, Esquire
Weiner & Aronson, P.A.
102 North Swinton Avenue
Delray Beach, Florida 33444

Please contact me should you require any further information concerning this matter. My telephone number is (561) 265-2666.

Thank you in advance for your assistance in this matter.

Very truly yours,



Shayna M. Reitman
Enclosure
SMR:kp

**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, MICHAEL S. WEINER
(Name of Registered Agent)

hereby resigns as Registered Agent for ST. ANDREWS OF SARASOTA, INC.
(Name of Corporation)

M70362

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

FILED
07 JUL 16 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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