M38921

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

Office Use Only



000156022380

06/15/09--01032--012 **87.50





COVER LETTER

Division of Corporations
SUBJECT: Associated Brokers and Consultants, Inc.
(Name of Corporation)
DOCUMENT NUMBER: M88921
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda L. Buckley
(Name of Person)
Associated Brokers and Consultants, Inc.
(Name of Firm/Company)
1250 W. Hillsboro Blvd.
(Address)
Deerfield Beach, Fl. 33442-1715
(City/State and Zip Code)
For further information concerning this matter, please call:
Evelyn Thompson at (954) 428-3934 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Lin	(Name of Registered Agent)
hereby resigns as Registered Agent for	Associated Brokers and Consultant, Inc. (Name of Corporation)
M88921	(Name of Corporation)
(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 this statement is filed.	discontinued on the 31st day after the date on which
Sinda (L Buckley gnature of Resigning Agent)
If signing on behalf of an entity:	7.4.L. S
(**************************************	Typed or Printed Name) LARE SEE SEE SEE SEE SEE SEE SEE SEE SEE S
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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