

N00000004824

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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From:
Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL P.A. (ST.
Account Number : 076077001601
Phone : (727) 888-8330 502-8243
Fax Number : (727) 888-8330 502-8943

EMAIL: Susan.Sherman@ruden.com

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DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

SANDPIPER CO-OP, INC.

Certificate of Status	0
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Page Count	01
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150 2nd Avenue North
Suite 1700
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(727) 502-8200 Main Office
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To: **DIVISION OF CORPORATIONS**

Company:

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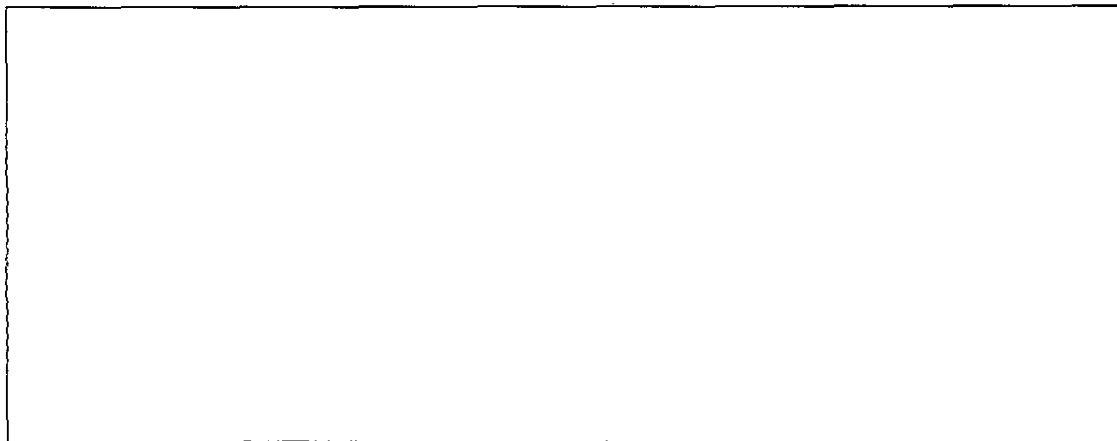
From: **Susan G. Sherman, CLA, Paralegal to David Bernstein**

Direct Phone: **727-502-8243**

Direct Fax: **727-502-8943**

Client: **99999**

Matter: **0100**



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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANDPIPER CO-OP, INC.

(Name of Corporation)

DOCUMENT NUMBER: N00000004824

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:

DAVID S. BERNSTEIN

(Name of Person)

(Name of Firm/Company)

150 SECOND AVENUE NORTH, SUITE 1700

(Address)

ST. PETERSBURG, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan G. Sherman, CLA

(Name of Person)

at (727) 502-8243

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR12046(1/02)

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**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, DAVID S. BERNSTEIN

(Name of Registered Agent)

hereby resigns as Registered Agent for SANDPIPER CO-OP, INC.

(Name of Corporation)

N00000004824

(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

[Typed Name]
(Typed or Printed Name)

[Capacity]
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

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

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

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