000008701 1 W. Virginia Dr. 100005651881--3 -05/30/02--01043--018 *****70.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) **(Document #) (Corporation Name) -06/24/02--01075--002 (Document #) (Corporation Name) Certified Copy Pick up time Walk in Photocopy Certificate of Status ☐ Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Direct Not for Profit Change of Registered Agent 10000 Chr. 2020 Or Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials



June 5, 2002

RON AND JANICE MENKE 1841 W. VIRGINIA DRIVE KISSIMMEE, FL 34744

SUBJECT: VOLUNTEER FIREFIGHTERS ASSOCIATION OF OSCEOLA COUNTY, INC.

Ref. Number: N01000008701

We have received your document for VOLUNTEER FIREFIGHTERS ASSOCIATION OF OSCEOLA COUNTY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance of \$52.50 due to file the registered agent resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis Corporate Specialist Supervisor

Letter Number: 202A00036894

Division of Corporations DO DOV coor must

RESIGNATION OF REGISTERED AGENT

| 1 arotatic to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, RONALD MENKE |
| (Name of registered agent) |
| hereby resigns as Registered Agent for <u>VOLUNTEER FIREFIGHTERS ASSOCIATION OF OSCEOL</u> COUNTY, 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. |
| Parala Media (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 corporation

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