N0300001581

iestor's Name)	
ess)	
ess)	
State/Zip/Phon	e #)
☐ WAIT	. MAIL
ness Entity Nai	me)
ment Number)	
Certificate	s of Status
Special Instructions to Filing Officer:	
	ess) State/Zip/Phon WAIT mess Entity Nai ment Number)

Office Use Only



200080550952

A Resign
10/12/06--01038--001 **87.50
Revis



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Riviera Beach Academy Inc. (Name of Corporation)
DOCUMENT NUMBER: N03000001581
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:
Diane Lewis (Name of Person)
Riviera Beach Academy
(Name of Firm/Company) 80th East 30th Street
(Address)
Riviera Beach, FL 33404 (City/State and Zip Code)
For further information concerning this matter, please call:
Oscar L. Lewis at (561) 615-4102 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	N OF REGISTERED AGENT A CORPORATION
Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dia	(Name of Registered Agent)
hereby resigns as Registered Agent for	Riviera Beach Academy, Zac. (Name of Corporation)
N03000001581	
(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
Diapl	nature of Resigning Agent)
If signing on behalf of an entity:	
Diane Lewis	
(1	yped or Printed Name)
Registered Agent	
·	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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