N03000001719

(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



300139208453

12/24/08--01002--011 **35.00

resignation On RA

RECEIVED

08 DEC 23 PM 3: 58

UNISIONAL SPECIATIONS

OPASSON STATEMENTS

OPASSON STATE

FILED

MODEC 23 PH ILL. 15

SECRETARY OF STATE

SECRETARY OF FLORIDA

ADR 12/23/08



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

175327		
 December 22,	2008	

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

		Colonial Pa	arc Housing Corp.	
	Filing Evidence ☑ Plain/Confirmatio	n Copy	Type of Docum ☐ Certificate of Sta	
	□ Certified Copy		□ Certificate of Go	ood Standing
	•		□ Articles Only	
	Retrieval Reque Photocopy Certified Copy	<u>st</u>	□ All Charter DocArticles & Ame□ Fictitious Name□ Other	
Γ	NEW FILINGS		AMENDMENTS	
ľ	Profit		Amendment	
	Non Profit	X	Resignation of RA Officer/Director	
	Limited Liability		Change of Registered Agent	
	Domestication	•	Dissolution/Withdrawal	
	Other		Merger	j
				_
	OTHER FILINGS		REGISTRATION/QUALIFICATION	
	Annual Reports		Foreign	_
	Fictitious Name		Limited Liability]
	Name Reservation		Reinstatement	
	Reinstatement		Trademark	
			Other	

FILED

RESIGNATION OF REGISTERED AGENT²⁰⁰⁸ DEC 23 PM 44 45 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, UCC Filing & Search Services, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for Colonial Parc Housing Corp.
(Name of Corporation)
N03000001719
(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.
W. Edward Hand
(Signature of Resigning Agent)
If signing on behalf of an entity:
W. Edward Hand
(Typed or Printed Name)
•
President
(Canacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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