## N03000004927

(Re	questor's Name)	
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3ECRETARY OF STAIL
ALLAHASSEE, FI OF STAIL

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: House For Real INc.			
	(Name of C	Corpora	ation)	
DOC	UMENT NUMBER: N03000004927			<del></del>
The e	nclosed Resignation of Registered Agent for a	Corpo	ration and fee are su	abmitted for filing.
Please	return all correspondence concerning this ma	tter to	the following:	
Con	nie Sauger			
<del></del>	(Name of Person)		<del></del>	
Hou	se For Real Inc.			
	(Name of Firm/Company)		<del></del>	
PO I	Box 151995			
	(Address)		<u> </u>	• •
Сар	e Coral, Fl 33915			
	(City/State and Zip Code)		<del>_</del>	~
For fu	rther information concerning this matter, plea	se call:	:	
Patri	ck Burns CPA at (	407	228-4443	
<del></del>	(Name of Person) (A	rea Coc	) 228-4443 le & Daytime Telepho	ne Number)

on or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1	.509,		
Florida Statutes, the undersigned,F				
,	(Name of Registered Agent)			
hereby resigns as Registered Agent fo	<sub>r</sub> House For Real <sub>,</sub> Inc.			
(Name of Corporation)				
<u> </u>				
(Document Number, if known)				
A copy of this resignation was mailed	to the above listed corporation at its last know	vn address.		
The agency is terminated and the office this statement is filed.	ce discontinued on the 31st day after the date of	n which		
K		O3 NOV 2 I SECRETAR TALLAHASS		
If signing on behalf of an entity:	Signature of Resigning Agent)	V21 PHIZ: TIARY OF ST HASSEE, FIO		
	(Typed or Printed Name)	TAIL ORUM		
	(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withdrawn corporation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