

**NO4000006781**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 11 11 PM 2:57

*R.A. Chg.*  
**C.COULLIETTE**

OCT 11 2011

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTH FLORIDA COMMUNITY CONECCCTION INC

(Name of Corporation)

**DOCUMENT NUMBER:** N04000006781

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:

HANSRAM RAMRUP

(Name of Person)

SOUTH FLORIDA COMMUNITY CONNECTION INC

(Name of Firm/Company)

1708 NE 4TH ST

(Address)

BOYNTON BEACH, FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

HANSRAM RAMRUP

(Name of Person)

at ( 561 ) 3711044

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2011

HANSRAM RAMRUP  
SOUTH FLORIDA COMMUNITY CONNECTION, INC.  
1708 NE 4TH ST  
BOYNTON BEACH, FL 33435

SUBJECT: SOUTH FLORIDA COMMUNITY CONNECTION, INC.  
Ref. Number: N04000006781

RECEIVED  
11 OCT 11 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SOUTH FLORIDA COMMUNITY CONNECTION, 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):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 411A00022627

**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, RAMCHAND RAMRUP

(Name of Registered Agent)

hereby resigns as Registered Agent for SOUTH FLORIDA COMMUNITY CONNECTION, INC.

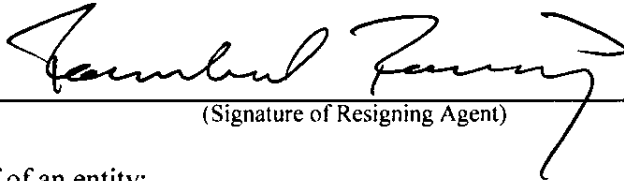
(Name of Corporation)

N04000006781

(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.



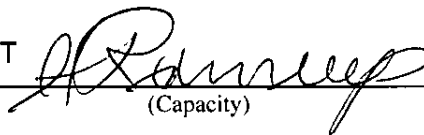
(Signature of Resigning Agent)

If signing on behalf of an entity:

HANSRAM RAMRUP

(Typed or Printed Name)

PRESIDENT



(Capacity)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 11 PM 2:57

**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**