## N06000003773

(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:			
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SECRETARY OF STATE
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R.A. Resignation

TB

1-7-18

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUB	ECT: COLLIER COUNTY SELECT BASEBALL (1991-1992), INC.	
	(Name of Corporation)	
DOC	UMENT NUMBER: N06000003773	
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Pleas	return all correspondence concerning this matter to the following:	
Sco	t M. Grant, Esq.	
	(Name of Person)	
Sco	t M. Grant, P.A.	
	(Name of Firm/Company)	
333	' Tamiami Trail N.	
	(Address)	
Nap	es, FL 34103	
	(City/State and Zip Code)	
For fi	rther information concerning this matter, please call:	
Nan	(Name of Person) at (239 ) 280-5203 (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo or \$3:	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation. 00 for an administratively dissolved, voluntarily dissolved or with drawn corporation.	on
Amen Divisi Clifto 2661	Address:  Idment Section  In of Corporations  Building  Executive Center Circle  assee, FL 32301  Mailing Address:  Amendment Section  Division of Corporations  Post Office Box 6327  Tallahassee, FL 32314	

## 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, Lisa	F. Grant		
, C ,	(Name of Registered Agent)		
hereby resigns as Registered Agent for	egistered Agent for Collier County Select Baseball (1991-1992), Inc.		
	(Name of Corporation)		
N06000003773			
(Document Number, if known)	-		
A copy of this resignation was mailed to t	he above listed corporation at its last known address.		
this statement is filed.	iscontinued on the 31st day after the date on which		
If signing on behalf of an entity:	SECRETARY OF STATE PH 12: 45  ped or Printed Name)		
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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