

N08000007309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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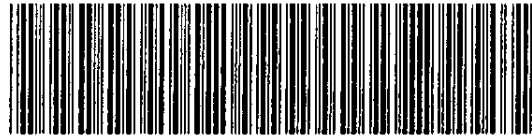
(Business Entity Name)

(Document Number)

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2011 FEB 16 P 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
News  
2-17-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporation

**SUBJECT:** Pompey Park Booster Club

**DOCUMENT NUMBER:** N08000007309

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:

Linda Karch

(Name of Person)

City of Delray Beach

(Name of Firm/Company)

50 N.W. 1<sup>st</sup> Avenue

(Address)

Delray Beach, FL 33444

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Karch

(Name of Person)

at (561) 243-7051

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CONFIDENTIAL - INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/10/00 BY SP-10/10/00

REASON FOR DECLASSIFICATION

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida

Statutes, the undersigned, Linda Karch  
(Name of Registered Agent)

hereby resigns as Registered Agent for Pompey Park Booster Club,  
(Name of Corporation)

N08000007309  
(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 31<sup>st</sup> day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Linda Karch  
(Typed 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 Corporation  
P.O. Box 6327  
Tallahassee, FL 32314