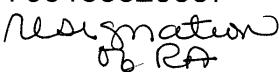
## N09000003590

(Re	equestor's Name)	
(Ac	idress)	
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(CI	ty/State/Zip/Phon	e #)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12/30/10--01026--015 \*\*2.50

12/20/10--01030--035 \*\*85.00



PDR 12/30/10

## **COVER LETTER**

SUBJECT: Imani Elemen	(Name of Corporation)
DOCUMENT NUMBER:_	N0900003590
The enclosed Resignation of	Registered Agent for a Corporation and fee are submitted for filing
Please return all corresponde	ence concerning this matter to the following:
Dr.Patrick C.Coggins	•
(Name	e of Person)
(Name of	Firm/Company)
140 Saddlebrook Way	•
(A	ddress)
DeLand , Fl 32724	
(City/State	and Zip Code)
For further information conc	eerning this matter, please call:
Dr.Patrick C.Coggins	at ( 561 ) 707-0766
(Name of Pers	son) (Area Code & Daytime Telephone Number)

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

## FILED

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2010 DEC 30 PM 1: 02

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, Dr. Patrick C. Coggins
(Name of Registered Agent)
hereby resigns as Registered Agent for Imani Elementary Charter Academy,Inc
(Name of Corporation)
N0900003590
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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