

N10000009857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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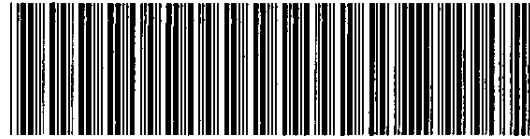
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 10 PM 3:04

R A / RES
@ 5/10/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Domestic Abuse Awareness Network / Child Abuse awareness network
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Lisa Davis
(Name of Person)

domestic abuse awareness network / Child abuse awareness network
(Name of Firm/Company)

2430 Deer Creek Country Club Blvd. Apt. 510
(Address)

Deerfield Beach, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Davis at 954-725-9097
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

April 21, 2011

LISA DANIELLE DAVIS
DOMESTIC ABUSE AWARENESS NETWORK, INC.
2430 DEERCREEK COUNTRY CLUB BLVD. #510
DEERFIELD BEACH, FL 33442

SUBJECT: DOMESTIC ABUSE AWARENESS NETWORK, INC.
Ref. Number: N10000009857

We have received your document for DOMESTIC ABUSE AWARENESS NETWORK, INC. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00009675

RECEIVED

11 MAY 10 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 D. Davis
(Name of Registered Agent)

hereby resigns as Registered Agent for _____

domestic abuse awareness network
child abuse awareness network
(Name of Corporation)

(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

[Signature]
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 10 PM 3:04