

N130000009881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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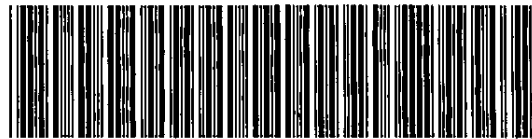
(Business Entity Name)

(Document Number)

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16 NOV -3 AM 9:51
DIVISION OF CORPORATIONS
STATE OF MISSISSIPPI

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COVER LETTER

STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
16 NOV -3 AM 9:51

TO: Amendment Section
Division of Corporations

SUBJECT: NURSERY OF BRADENTON HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N1300000 9881

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:

JACK HANSON

(Name of Person)

THE MELROSE MANAGEMENT PARTNERSHIP, L.L.C.
(Name of Firm/Company)

1600 W. COLONIAL DRIVE
(Address)

ORLANDO FLORIDA 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

JACK HANSON

(Name of Person)

at (407) 228-4181

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
16 NOV -3 AM 9:51

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

Florida Statutes, the undersigned,

JACK HANSON / THE McROSE MANAGEMENT
(Name of Registered Agent)

hereby resigns as Registered Agent for

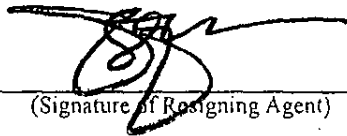
NURSERY OF BRADENTON HOMEOWNERS
(Name of Corporation)
ASSOCIATION, INC

N 1300000 9881

(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:

JACK HANSON
(Typed or Printed Name)

PRESIDENT
(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