## N38 527

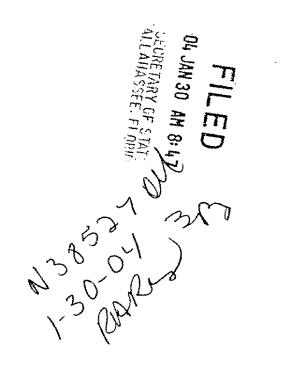
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	<i>‡</i> )
, , , , , , , , , , , , , , , , , , ,	
PICK-UP WAIT	MAIL
(Business Entity Name	p)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
Openal mandonona to 1 mily Omber.	

Office Use Only



900027590839

01/30/04--01025--015 \*\*87.50



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	±
	ım Association of Volusia County, Inc.
0	Name of Corporation)
DOCUMENT NUMBER: N38527	<u> </u>
The enclosed Resignation of Registered Ag	gent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Lauren M. Bailey	
(Name of Person)	
Clayton & McCulloh	· Andrew Commence of the Comme
(Name of Firm/Company)	
1065 Maitland Center Commons Blvd.	
(Address)	
Maitland, Florida 32751	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Lauren Bailey	at (407) 875-2655 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Flo or \$35.00 for an administratively dissolved,	orida Department of State for \$87.50 for an active corporation, voluntarily dissolved or withdrawn corporation.
Amendment Section Amendment Division of Corporations Division P.O. Box 6327 409 E.	t Address:  Idment Section on of Corporations . Gaines Street lassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Ru	ussell E. Klemm, Esq.	
·	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Tropic Shores Condominium Association of Volu (Name of Corporation)	Coontry
	(Name of Corporation)	Inc.
N38527	and the second s	
(Document Number, if known)	<del></del>	
A copy of this resignation was mailed t	to the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which ignature of Resigning Agent)	<del></del>
If signing on behalf of an entity:	JAN 30 AM	三
	(Typed or Printed Name)  STATE  STATE	Ö
	(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