NGBDDDDDDBBB

(Re	equestor's Name)	
(Ac	idress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
		MAIL
(Br	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



10/15/12--01037--019 **87.50





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Azalea Commercial Part Association, Inc (Name of Corporation) DOCUMENT NUMBER: N9300002633

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:

John T. Brown (Name of Person) (Name of Firm/Company) 226 Sleepy Oaks Road Et. Walton Beach (FL 32548 (City/State and Zip(Code)

For further information concerning this matter, please call:

John T. Brown at (850) 585-0814 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

ţ

 Street Address:
 Mailing Address:

 Amendment Section
 Amendment Section

 Division of Corporations
 Division of Corporations

 Clifton Building
 Post Office Box 6327

 2661 Executive Center Circle
 Tallahassee, FL 32301

19691552)

CR2E046 (04/12)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0)502(2), 61'	7.0502(2), 607.1509, 6	or 617.1509,	
Florida Statutes, the undersigned, $$	<u>ohn</u>	Name of Registered Agent		
hereby resigns as Registered Agent for <u>A</u>	-zalea	(Name of Corporation)	al Park Associat	ion, Inc.
N93000002633				/
(Document Number, if known) المعندل حافظ A copy of this resignation was m aile d to the	e Goere e above list	/ ed corporation_ at-its h	ist known address.	Pa

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:

(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 \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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