N99000002228

(Requestor's Name)	-	
(Address)	_	
(Address)	-	
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	-	
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SECRETARY OF STATE ON SINGE OF CORPORATIONS OF CORPORATIONS



TP Blockson

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ST. VINCENT & THE GRENADINES ASSOCIATION OF FLORIDA, INC. (Name of Corporation)			
• • •			
DOCUMENT NUMBER: N99000002228			
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:			
Clemon Dopwell			
(Name of Person)			
N/A			
(Name of Firm/Company)			
4275 NW 56 DRIVE			
(Address)			
COCONUT CREEK FL 33073			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Clemon Dopwell at (954) 574-0723 (Name of Person) (Area Code & Daytime Telephone Number)			
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32301			
TO SIM BUT IN ME			

CR2E046(08/05)



Pursuant to the provisions of sections 607	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Clen	non Dopwell
hereby resigns as Registered Agent for	ST. VINCENT & THE GRENADINES ASSOCIAT, PLOUDE, THE (Name of Corporation)
more of realigne as regional and region for	(Name of Corporation)
N99000002228	•
(Document Number, if known)	-
A copy of this resignation was mailed to t	the above listed corporation at its last known address.
The agency is terminated and the office d this statement is filed.	iscontinued on the 31st day after the date on which
La Cisign	July 01/10/09 Auture of Resigning Agent)
If signing on behalf of an entity:	
(7)	The District Name of the Control of
(1)	yped 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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