N9900005331

(Re	equestor's Name)	
(Ad	dress)	
V	·····	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200282365272



02/22/16--01029--004 **122.58

RA Resign.

MAR 09 2016 D CONNELL

COVER LETTER

Divis				
	- / .			0 0

SUBJECT: Florida Community Corporation)

Name of Corporation)

DOCUMENT NUMBER: N 99 00005331

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:

CHARLES BAR B-AINEER
(Name of Person)

Florida Community Corporation
(Name of Firm/Company)

600 W. CANTON AUT
(Address)

Wither PARK FL, 32789 on 32790 (City/State and Zip Code)

For further information concerning this matter, please call:

Charles Riesguree at (32/) 277-9703
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509	,	
Florida Statutes, the undersigned, CHARLES BARGAINE CONSTRUCTION (Name of Registered Agent)	۷		_
hereby resigns as Registered Agent for Florida Community Cor (Name of Corporation)	po Ra	FIOF	2
N 99 000 00 5 3 3 1 (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last k	nown a	ddress	
The agency is terminated and the office discontinued on the 31st day after the dath this statement is filed. (Signature of Resigning Agent)	te on w	hich	
If signing on behalf of an entity:			
(Typed or Printed Name)		15 MAR -8	¥;
(Capacity)		8 AM II: 39	名のの形を
Fee for filing this document:	ĘŦ	39	
\$87.50 - Active Corporation			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

12: , ,