## P0000035908

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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TALLAHASSEE FLORIDA

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## **COVER LETTER**

Oli Asilian Da al Fatata III a	
SUBJECT: O'Malley Real Estate, Inc. (Name of Cor	noration)
DOCUMENT NUMBER: P00000035908	poration
The enclosed Resignation of Registered Agent for a Co	reporation and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
John Joseph O'Malley	
(Name of Person)	<del></del>
,	
O'Malley Real Estate, Inc.	
(Name of Firm/Company)	
645 Mayport Road, Suite 1	
(Address)	<del></del>
Atlantic Beach, FL 32233	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please of	eall:
John Joseph O'Malley at ( 904	4 \ 241-3141

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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Pursuant to the provisions of sections of	607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Maureen A. O'Malley				
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	O'Malley Real Estate, Inc.			
	(Name of Corporation)			
P00000035908				
(Document Number, if known)	<del></del>			
A copy of this resignation was mailed	to the above listed corporation at its last known address.			
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which			
Maureen	ignature of Resigning Agent)			
If signing on behalf of an entity:				
	(Typed or Printed Name)  TALL*AHASS	27 T.		
	Capacity)  (Capacity)  (Capacity)	ILED		

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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