## PD100031 686

STEUEN TOW 23084 SANDALFOOT PLAZA PR BOCA RATON, FL 33428

CR2E031(7/97)

400004467914--6 -07/11/01--01003--002 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

**Examiner's Initials** 

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
---------------------	-----------------------	-------------

1. (Corporation Name)	(Document #)	1 - 1
2		
(Corporation Name)  3.	(Document #)  AHETAR	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	- '-
Walk in Pick up time  Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Certified Copy  Photocopy  Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	-
OTHER FILINGS  Annual Report □ Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, 5 teven
(Name of registered agent)
hereby resigns as Registered Agent for CORPOINTE ASSET GOOF /NC.  (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
St. W. Jon HAST TI
(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 corporation

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