

PO1000154272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000093727310

03/22/07--01019--013 \*\*35.00

APPROVED  
AND  
FILED  
07 MAR 22 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R. H. Leight*  
C. Coullette MAR 23 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New York Avenue Holdings, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000054272

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:

Kathryn Bloxsom

(Name of Person)

Bricklemyer Smolker & Bolves, P.A.

(Name of Firm/Company)

500 E. Kennedy Blvd., Suite 200

(Address)

Tampa, Florida 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn Bloxsom

(Name of Person)

at ( 813 ) 223-3888 x268  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Richard A. Schlosser

(Name of Registered Agent)

hereby resigns as Registered Agent for New York Avenue Holdings, Inc.

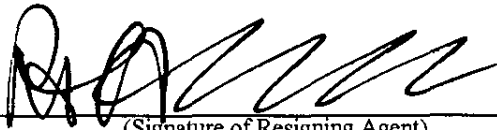
(Name of Corporation)

P01000054272

(Document Number, if known)

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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

07 MAR 22 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**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