P0|0001125|3

(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



900115137949

01/22/08--01030--024 **87.56

2008 JAN 22 AM 10: 52
SECRETARY OF STATE
FALLAHASSEF. FI ORIDA

R.A. Risignation

TB 1-25-08

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PALM COVE, INC.	
(Name of Corporation)	-
DOCUMENT NUMBER: P01000112513	-
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
GARY WAKSTEIN	
(Name of Person)	
PALM COVE, INC	
(Name of Firm/Company)	
204 A ELLEN LANE	
(Address)	
PANAMA CITY BEACH, FLORIDA 32408	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ROBERT A RAND at (.970) 224-5555	
ROBERT A RAND (Name of Person) at (970) 224-5555 (Area Code & Daytime Telephone Number)	•
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an act or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation	ive corporation n.
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	
PANALAN ON MERKAN PLANCANI PANALAN ON MERKAN PLANCANI	
(MACHINE)	

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	ROBERT A RAND	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for PALM COVE, INC.	
notoby resigns as registered rigoni	(Name of Corporation)	'
P01000112513		
(Document Number, if known)		
A copy of this resignation was mail	led to the above listed corporation at its last known add	ress.
this statement is filed.	(Signature of Resigning Agent)	TILE 2008 JAN 22
If signing on behalf of an entity:	in the second se	1 1 1
	(Typed or Printed Name)	#10:52
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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