## P02000034147

(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



700031977727

04/07/04--01058--012 \*\*87.50

OLAPR-9 MM 8: 44
THANKASSEE, FLORIE

Rose Mark

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Woodmont Preschool, Inc., a Florida corporation (Name of Corporation)	
DOCUMENT NUMBER: P02000034147	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin	g.
Please return all correspondence concerning this matter to the following:	
Neil S. Rollnick	
(Name of Person)	
Adorno & Yoss, P.A.	
(Name of Firm/Company)	
2601 S. Bayshore Drive, Suite 1600	
(Address)	
Miami, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Neil S. Rollnick at ( 305 ) 858-5555 (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Department of State for \$87.50 for an active c or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	orporatio

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Neil Rollnick, Esq.
	(Name of Registered Agent)
hereby resigns as Registered Agent	for Woodmont Preschool, Inc.
	(Name of Corporation)
P02000034147 (Document Number, if known)	<del></del>
A copy of this resignation was mail	ed to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on which  (Signature of Resigning Agent)
If signing on behalf of an entity:	OL APR
	(Typed or Printed Name)  STATUTE OF STATUTE
	(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withdrawn corporation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