## PD20000072410

(Re	questor's Name)	•
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: MOOR PALM BEACH	
(Name of Corporation)	
DOCUMENT NUMBER: P02000072410	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin	ıg.
Please return all correspondence concerning this matter to the following:	
S. L. RICHARD BRUNTON	
(Name of Person)	
BRUNTON REGISTERED AGENTS	
(Name of Firm/Company)	
4710 NW 2ND AVENUE, #101	
(Address)	
BOCA RATON FL 33431	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
S. L. RICHARD BRUNTON at (561 ) 241-9991 (Area Code & Daytime Telephone Number)	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, BRUNTON REGISTERED AGENTS INC	
(Name of Registered Agent)	
hereby resigns as Registered Agent for MOOR PALM BEACH	
(Name of Corporation)	
P02000072410	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address	ss.
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:	
RICHARD BRUNTON (Typed or Printed Name)  PRESCRENT	SECRETAR TALLAHAS
(Capacity)	333 335 345 365 365 365 365 365 365 365 365 365 36
	ECRETARY OF STATE LLAHASSEE FLORIDA IN NET 18 PM 1: 20

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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