## P02000115633

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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06/20/03--01054--023 \*\*87.50



LA Resign (24/03

## TRANSMITTAL LETTER

SUBJECT: /tomo	Name of Corporation)
<u>.</u> .	120 200ell 5633
	Registered Agent for a Corporation and fee are submitted for filing.
	nce concerning this matter to the following:
Name of	KURUVICA of Person) REACTO OF S.E. FTORIOBING
Hongcano 1	REALTY OPSE. FIORIOPING
(Name of Fin	MRAMAL MARKULG
605 (Add	MIKAMPR PARICULG
Hollywa (City/State ar	900 of FL 33023 and Zip Code)
For further information concern	rning this matter, please call:
VOE KUK	CUVILY at (0/54) 983 5951 -  (Area Code & Daytime Telephone Number)
(Name of Person	on) (Area Code & Daytime Telephone Number)
Enclosed is a check made paya	vable to the Florida Department of State for \$87.50 for an active corporation vely dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT 03 JUN 20 PM 9: 45 FOR A CORPORATION SECRETARY OF STATE Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, MARIA HITOS (Name of Registered Agent) Florida Statutes, the undersigned, hereby resigns as Registered Agent for HonPlanto NEACTY OF. 5-E FLORIDA (NG (Name of Corporation) PD2000011 5633 (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. If signing on behalf of an entity:

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

Sales Outline Chapter 5
Limited Liability Partnership \$\mathcal{S} \rightarrow\$
1. Created by filing with the PL Sect of St  2. Limited liability partner is liable for  a
Corporation 8-7
1. A(n) artificial person 2. Created by filing with the Florida 3. A(n) domestic corporation is organized under the laws of Florida 4. A(n) domestic corporation is organized under the laws of a state other than Florida 5. Managed by a board of becchan, acting through the  Alicentary 6. Brokerage corporation a. Business entity is registered b. Officers and directors must be domestic or Annicons of registered person c. At least one (1) must be domestic broker i. If the only active broker is gone the registration for the corporation is and any of the days.  d. Salaman or later days may not be an officer or director in a brokerage corporation.
Limited Liability Company $\mathcal{P} \mathcal{E}$
<ol> <li>Limited personal liability</li> <li>Great flexibility when passing in using and districtions to its members</li> </ol>
3. Name must include LLC
Trade Names 8
1. Brokerage entities may have no more than
2. Brokerage sole proprietorships are exempt from the Fictitious Name Act. because they register directly with FRECORD
*3, Sales people canot operate under Drade name