P02000129609

(Re	equestor's Name)	
(Ad	dress)	
. (Ad	dress)	· · · · · · · · · · · · · · · · · · ·
, (Cit	ty/State/Zip/Phone) #)
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RA Resign

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:_HOMEFIRST REALTY GROUP_INC.
SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: P02000129609
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Maria C. Valery
(Name of Person)
•
(Name of Firm/Company)
P.O. BOX 970741
(Address)
Coconut Creek, Fl 33097
(City/State and Zip Code)
For further information concerning this matter, please call:
CLAUDIO GOMEZ at (954) 816 2846 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
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

FOR A CORPORATION $O_{\mathcal{E}_{\mathcal{O}_{\mathcal{E}_{\mathcal{O}}}}} \cap \mathcal{U}_{\mathcal{E}_{\mathcal{O}}}$
Fursuant to the provisions of sections 607 0502(2), 617 0502(2), 607 1509, or 617 1509
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, RAFAEL GOMEZ (Name of Registered Agent)
hereby resigns as Registered Agent for HOMEFIRST REALTY GROUP INC (Name of Corporation),
P02000129609
(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)

RESIGNATION OF REGISTERED AGENT

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)