## P0300007929

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to		



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JECKE PARTY OF STATE

R.A. Resignation

Office Use Only

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: REALTYCENTER.COM, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P03000007929
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
MOI	SES JATTIN
	(Name of Person)
REA	LTYCENTER.COM, INC.
	(Name of Firm/Company)
4872	2 N.W. 114 COURT
	(Address)
DOF	RAL, FL 33178
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
MOIS	SES JATTIN at ( 786 ) 423 - 0059 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division Clifton 2661 F	Address: Idment Section In or of Corporations In Building Executive Center Circle In assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  PMI2: 32  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  Florida Statutes, the undersigned,  VILMA C. PUCHE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, VILMA C. PUCHE  (Name of Registered Agent)
hereby resigns as Registered Agent for REALTYCENTER.COM, INC.  (Name of Corporation)
P0300007929
(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)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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