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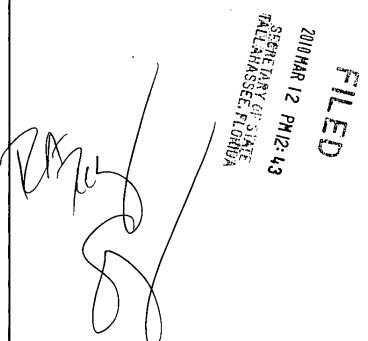
(0	Requestor's Name)
יזן	equestors Name)
(A	ddress)
(A	address)
Ų.	,
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: BROWARD REAL ESTATE COMPANY (Name of Corporation)
DOC	UMENT NUMBER: P03000032555
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
VAL	ERIE DUCH
	(Name of Person)
BRC	DWARD REAL ESTATE COMPANY
	(Name of Firm/Company)
199	5 E. OAKLAND PARK BLVD. #200
	(Address)
FOF	RT LAUDERDALE, FL 33306
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
VAL	ERIE DUCH at (954) 630-1801 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	17.1509,
Florida Statutes, the undersigned,V	VAYNE BLACKBURN	
	(Name of Registered Agent)	
hereby resigns as Registered Agent fo	BROWARD REAL ESTATE COMP	ANY
norcoy resigns as registered rigent re	(Name of Corporation)	
P03000032555		
(Document Number, if known)		
The agency is terminated and the office	to the above listed corporation at its last leed discontinued on the 31st day after the d	
this statement is filed. Wayse	Sloudlew Signature of Resigning Agent)	
	Signature of Resigning Agent)	_
If signing on behalf of an entity:		2010 HAR 12 Sesee Tary Alivahasse 1
WARNE	(Typed or Printed Name)	R 12 TARY ASSE
OFF	(Capacity)	PM 12: 43 OF LORIDA E.F.LORIDA
	(Capacity)	≫. ພ

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