## P0300003H198

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

Office Use Only

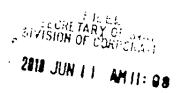


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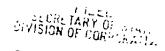
## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUB.	Oakhurst Community Developments	•	
		(Name of Corpora	ition)
DOC	UMENT NUMBER:	98 ————	
The e	nclosed Resignation of Registered A	gent for a Corpo	ration and fee are submitted for filing.
Pleas	e return all correspondence concerni	ng this matter to	the following:
ROB	ERT M. KUSH		
	(Name of Person)	<u> </u>	_
	(Name of Firm/Company	)	_
837 (	OAK PARK DRIVE		
	(Address)	<del></del>	_
MEL	BOURNE, FLORIDA 32940		
	(City/State and Zip Code)		_
For fu	arther information concerning this ma	atter, please call:	
ROB	ERT M. KUSH	321 at (	432-4207
	(Name of Person)	(Area Coc	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AM 11: 00 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned
(Name of Registered Agent)
Oakhurst Community Developers, Inc.
(Name of Corporation)
P03000034198
(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:
Robert M. Kush
(Typed or Printed Name)
(Capacity)

## 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