P03000044701

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





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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LANDMARK REALTY OF SOUTH TAMPA, INC.	
(Name of Corpora	tion)
DOCUMENT NUMBER: P03000044701	
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Andrew M. O'Malley	
(Name of Person)	_
Carey, O'Malley, Whitaker, Mueller, Roberts & Smith, P.A.	
(Name of Firm/Company)	_
712 S. Oregon Avenue	
(Address)	-
Tampa, FL 33606	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Andrew M. O'Malley 813	250-0577
	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0503(2). 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the undersigned, A	ndrew M. O'Malley	
	(Name of Registered Agent)	
hereby resigns as Registered Agent f	LANDMARK REALTY OF SOUTH TAMPA, INC.	
netery resigns as registered Agent i	(Name of Corporation)	
P03000044701		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last known addr	ress
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date on which which will be a second of the	:h
If signing on behalf of an entity:		~>
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		2023 CCT
	(Typed or Printed Name)	(.)
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	(Capacity)	\Box

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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