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| (Re                     | questor's Name)        |                                       |
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| (Cit                    | ty/State/Zip/Phone     | e #1)                                 |
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| PICK-UP                 | WAIT                   | MAIL                                  |
|                         |                        |                                       |
| (Bu                     | siness Entity Nar      | ne)                                   |
|                         |                        | •                                     |
| · (Do                   | cument Number)         | · · · · · · · · · · · · · · · · · · · |
| ζ                       | ,                      |                                       |
| Certified Copies        | Certificates           | s of Statue                           |
| Certified Copies        | _ Certificates         | s of Status                           |
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| Special Instructions to | Filing Officer:        | ·                                     |
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Office Use Only



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09 MAY 27 AM 9: 16
SECRETARY OF STATE
ALLAHASSEF, FLORIN

RA ROUGE

C.COULLIETTE

WAY 29 2029

EXAMINER



A Professional Association

ORLANDO OFFICE

390 North Orange Avenue Suite 1840 Orlando, Florida 32801 Telephone: 407-422-2411

Fax: 407-422-2451

HEATHROW OFFICE 1515 International Parkway

Suite 2007

Heathrow, Florida 32746 Telephone: 407-333-1382

Fax: 407-333-1682

E-Mail: Kdm@MorseLaw.com www.MorseLaw.com

May 21, 2009

Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, Fl 32314

RE: Resignation as registered agent for Riverfront Equities Realty, Inc.

Dear Sir or Madam:

Enclosed please find my resignation as Registered Agent for the above corporation and my check for \$87.50 for the fee connected therewith.

Very truly yours,

KENNETH D. MORSE

KDM:jal Enclosure

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |  |
|--|--|--|
| SUBJECT: RIVERFORT COUTION Realty, INC. (Name of Corporation)                                    |  |  |
| DOCUMENT NUMBER: PO3 0000 68603  |  |  |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |  |  |
| Please return all correspondence concerning this matter to the following:                        |  |  |
| KENUCHD. MORSE (Name of Person)  |  |  |
| KENNETH D. MORSE, P.A.  (Name of Firm/Company)   |  |  |
| 390 NORM DROGE Avenue, Juine 1840 (Address)  |  |  |
| Oelmoo, FL 32801 (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:                                     |  |  |
| (Name of Person) at ( 407 ) 422-2411 (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 6                         | 507.0502(2), 617.0502(2), 607.1509     | , or 617.1509,                       |
|--|--|--------------------------------------|
| Florida Statutes, the undersigned,                               | (Name of Registered Age                |                                      |
| hereby resigns as Registered Agent for                           | KIVER Front Four                       |                                      |
| Po 3 0000 68 60 (Document Number, if known)                      | 2                                      |                                      |
| A copy of this resignation was mailed t                          | to the above listed corporation at its | last known address.                  |
| The agency is terminated and the office this statement is filed. | e discontinued on the 31st day after   | the date on which                    |
| If signing on behalf of an entity:                               |  | 09 MA<br>SECRE                       |
|  | (Typed or Printed Name)                | MAY 27 MM :  RETARY OF S AHASSEE, FL |
|  | (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