## P300085854

: (R	equestor's Name)	
(Ad	ddress)	
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(6)	ty/State/Zip/Phone #	
(C	ty/State/Zip/Prione #	)
PICK-UP	☐ WAIT	MAIL.
(Be	usiness Entity Name)	<del></del>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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## **COVER LETTER**

Division of Corporations
SUBJECT: Dream Team Fishing Tournament, Inc. (Name of Corporation)
DOCUMENT NUMBER: P03000085854
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:
Berkeley, Christopher (Name of Person)
(Name of Firm/Company)
124-A North 2nd Street
(Address)
Fort Pierce, Florida 34950
(City/State and Zip Code)
For further information concerning this matter, please call:
Christopher Berkeley at (772 ) 559-8588  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617表现,
Florida Statutes, the undersigned,	Berkeley, Christopher
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Dream Team Fishing Tournament, Inc.
	(Name of Corporation)
P03000085854	
(Document Number, if known)	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which  Southuly gnature of Resigning Agent)
If signing on behalf of an entity:	
<u> </u>	Typed or Printed Name)
<i>on</i>	vuer- president - regretand agent (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withdrawn corporation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