P03000120889

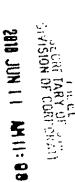
(Requestor's Name)				
(Address)				
(Address)				
(/ (33/033)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

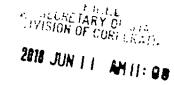


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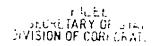
COVER LETTER

	Amendment Section Division of Corporations		
SUBJE		•	
DOCU	(0.000) MENT NUMBER:	Name of Corporat 19	ion)
The enc	losed Resignation of Registered Ag	gent for a Corpora	ation and fee are submitted for filing.
Please r	eturn all correspondence concernin	g this matter to th	he following:
ROBEI	RT M. KUSH		
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·	-
	(Name of Firm/Company)		-
837 O	AK PARK DRIVE		
	(Address)		-
MELBO	DURNE, FLORIDA 32940		
	(City/State and Zip Code)		•
For furt	her information concerning this ma	tter, please call:	
ROBE	RT M. KUSH	321 at (432-4207
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AND AND AND SERVICE OF THE SERVICE OF TH

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)
Jensen Dunes Community Developers, Inc.
hereby resigns as Registered Agent for
(Name of Corporation)
P03000120889
(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