

PD4000024165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

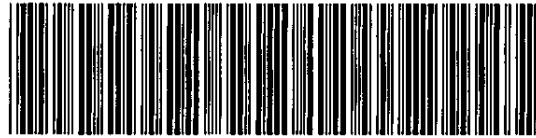
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800103743638

06/05/07--01038--007 \*\*157.50

*RA Resign*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 JUN -5 AM 10:12

FILED

T. Roberts JUN 11 2007

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CM RUSS DEVELOPMENT CORP  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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:

CLIFFORD RUSS

(Name of Person)

CM RUSS DEVELOPMENT CORP

(Name of Firm/Company)

19 BRIGHTON CT.

(Address)

PALM BEACH GARDENS, FL. 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFFORD RUSS

(Name of Person)

at ( 561 ) 795-6922

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
07 JUN -5 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CLIFFORD RUSS  
(Name of Registered Agent)

hereby resigns as Registered Agent for CM RUSS DEVELOPMENT CORP  
(Name of Corporation)

\_\_\_\_\_  
(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.

Clifford Russ

(Signature of Resigning Agent)

If signing on behalf of an entity:

CM RUSS DEVELOPMENT CORP

(Typed or Printed Name)

P S T

(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