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| (Requestor's Name) |
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| (Address) |
| (was one) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Residential Planners, Inc. (Name of Corporation) PO4 0000 63527 |
| DOCUMENT NUMBER: PO4000 63527 |
| 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: |
| Dan E. Matos (Name of Person) |
| (Name of Person) |
| Residential Planners, Duc. |
| (Name of Firm/Company) |
| P.O. Boy 560184 |
| |
| Montrer de, Fz 347576 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (40) 468-8687 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | Elizabeth Mator, hereby resign as Siculary Siculary |
|------|---|
| of_ | Residential Planner no |
| | PO400063527, a corporation organized under the laws of the State of (Document Number, if known) |
| | Florida. |
| | (Sanathre of resigning officer/director) |
| | PO400063527, a corporation organized under the laws of the State of |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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

