

P04000070391

LAMONT AND NEIMAN PA  
Division of Corporations

Fax: 305-530-9409

Apr 22 '09

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : LAMONT, NEIMAN, INTERIAN & BELLET, P.A.  
Account Number : I20000000051  
Phone : (305) 530-9400  
Fax Number : (305) 530-9409

RECEIVED  
2009 APR 22 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

DORAN FINANCIAL GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	387.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Doran Financial Group, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000070391

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:

Robert S. Lamont, Esq.

(Name of Person)

Lamont Neiman Interian & Bellet, P.A.

(Name of Firm/Company)

2 S. Biscayne Blvd., Ste. 3550

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert S. Lamont, Esq.

(Name of Person)

at ( 305 ) 530-9400

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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, Lamont Neiman Interian & Bellet, P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Doran Financial Group, Inc.  
(Name of Corporation)

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(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.

Robert S. Lamont, President  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Robert S. Lamont, Esq.

(Typed or Printed Name)

President

(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

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