

P04000142278

Mr. Joseph C. Grunda
96156 Captains Pointe Rd
Yulee, FL 32097-6577
SPAY AND NEUTER TO SAVE LIVES

(Address)

(City/State/Zip/Phone)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

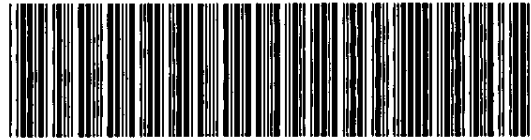
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LA Resign

FILED
11 DEC 27 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Captains Pointe Properties, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000142278

(2)
The enclosed Officer/Director Resignation for a Corporation and fees are submitted for filing.

~~THE ENCLOSED RESIGNATION OF REGISTERED AGENT FOR A CORP AND FEES ARE SUBMITTED FOR FILING~~
Please return all correspondence concerning this matter to the following: CORPORATION ADMINISTRATIVELY

Joseph C. Grunda

(Name of Person)

(Name of Firm/Company)

96156 Captains Pointe Road

(Address)

Yulee, FL 32097

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph C. Grunda

(Name of Person)

at (904) 849-3653

(Area Code & Daytime Telephone Number)

Enclosed is a check for ~~\$35.00~~ ^{\$105} made payable to the Florida Department of State. ~~FOR (3) THREE RESIGNATION FORMS~~

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 AGENT
FOR A CORPORATION**

FILED

DEC 27 AM 8:55

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Joseph C. Grunda
(Name of Registered Agent)

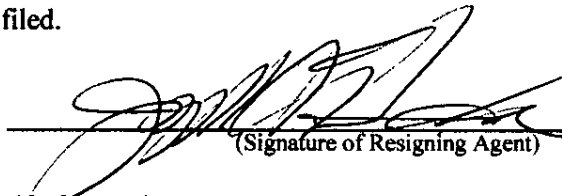
hereby resigns as Registered Agent for Captains Pointe Properties, Inc.
(Name of Corporation)

P04000142278

(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:

(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**