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To:

Division of Corporations

Fax Number : (850:617-6380

From:

Account Name : A1A REGISTERED AGENT INC.

\_\_\_\_\_\_\_

Account Number : 120090000032 Phone : (561) 792-2236

Fax Number : (561)202-8032

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:

## REGISTERED AGENT RESIGNATION COMO PROPERTIES OF VERO, INC.

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Corporate Filing Menu

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JUL 1 1 2014

C. CARKOTHERS

7/9/2014

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## 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, A1A REGISTERED AGENT INC.			
(Mame of Registered Agent)			
hereby resigns as Registered Agent for COMO PROPERTIES OF VER	O, INC	<u> </u>	
(Name of Corporation)			
P05000033258			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	wn addr	ess.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whic	h	
Signature of Resigning Agent)			
If signing on behalf of an entity:			
TINA MAKI			
(Typed or Printed Name)	£13.		
	理論	٨	
PRESIDENT	是許	4 JU	*#25% E- II
(Capacity)	2		1817.52
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	- F	,373m	7-1, 771. 13 4 4
Fee for filing this document: \$87.50 - Active Corporation		4H II: 54	
\$35.00 - Administratively dissolved/voluntarily dissolv	ed/=	Ŧ	
withdrawn corporation			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314

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