

P05000034652

(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



500058570035

08/29/05--01023--025 **87.50

FILED

05 AUG 29 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resignation

T BROWN AUG 31 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Okane Adoptions of FL, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000034652

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:

Deb Okane
(Name of Person)

Okane Adoptions of FL, Inc.
(Name of Firm/Company)

43901 Fugacity Ct
(Address)

Ashburn VA 20147
(City/State and Zip Code)

For further information concerning this matter, please call:

Deb Okane at (703) 615 3199
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

**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,

Diane Rosenthal
(Name of Registered Agent)

hereby resigns as Registered Agent for

Okane Adoptions of Florida, Inc.
(Name of Corporation)

PO 5 0000 34652

(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.

Diane Rosenthal

(Signature of Resigning Agent)

If signing on behalf of an entity:

Okane Adoptions of Florida, Inc.

(Typed or Printed Name)

Registered Agent / Board Member

(Capacity)

FILED
05 AUG 29 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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