405000040687

(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
(Oity/State/Zip/r Hone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
1	





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EXAMINER

COVER LETTER

UBJECT: Rainmaker Associated Part	Name of Corporation)
OCUMENT NUMBER: P050000406	687
he enclosed Resignation of Registered Ag	gent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Gary Walker, Esquire	
(Name of Person)	
Allen Dell, P.A.	
(Name of Firm/Company)	
202 S. Rome Avenue, Suite 100	
(Address)	
Tampa, FL 33606	
(City/State and Zip Code)	
or further information concerning this mat	tter, please call:
Gary Walker, Esquire	at (813) 223-5351
(Name of Person)	_ at (813) 223-5351 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Tronad Statutes, the undersigned,	ary Walker
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Rainmaker Associated Partners, Inc.
	(Name of Corporation)
P05000040687	
(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 offic this statement is filed.	e discontinued on the 31st day after the date on which
	ighature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)
	1 JAN
	(Capacity) (Capacity) (Capacity)
Fee for fili	ng this document:
——————————————————————————————————————	tive corporation

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

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