

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



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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: BURKE Investments + Property Mant. (Name of Corporation)
DOCUMENT NUMBER: <u>P05000 42357</u>
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:
Floyd BURKE SR. (Name of Person)
Burke Investment + Property Mant. (Name of Firm/Company)
213 GASPAT ST SW (Address)
Pain Bay, Fl. 32908 (City/State and Zip Code)
For further information concerning this matter, please call:
Floyd burke SR. at (321) 723-4311 (Name of Person) at (321) 723-4311 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	¹ .1509,
Florida Statutes, the undersigned, FLOYD BURKE SR. (Name of Registered Agent)	
hereby resigns as Registered Agent for BURKE INVESTMENTS + (Name of Corporation)	Poperty +me
Po 500042357 (Document Number, if known)	Je. Wezy z
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
If signing on behalf of an entity:	07 FEB 27 SECRE JARY TALLAHASSEE
(Typed or Printed Name)	PH : 40

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

(Capacity)