Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Dan - 2 2	Address:			
LMALL	ACCTESS:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN 10 PLUS HOMES, INC.

Certificate of Status Certified Copy 03 Page Count Estimated Charge \$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 10 PLUS HOMES, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P05000097138	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	ling
Please return all correspondence concerning this matter to the following:	
Theresa Alfieri	
(Name of Person)	
NATIONAL REGISTERED AGENTS, INC.	
(Name of Firm/Company)	
111 8th Avenue, 13th Floor	
(Address)	
New York, NY 10011	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Theresa Alfieri at 212 894-8516	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	NRAI SERVICES, INC.
	(Name of Registered Agent)
hereby resigns as Registered Agent	t for 10 PLUS HOMES, INC.
	(Name of Corporation)
P05000097138	
(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:

NRAI SERVICES, INC.-Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(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
Tallahassec, FL 32314