

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MILAM HOWARD, ET.AL.

Account Number : 120000000206

Phone

: (904)357-3660

Fax Number

: (904)357-3662

REGISTERED AGENT RESIGNATION

REAL MORTGAGE SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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H090001603663

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Real Mortgage Systems, Inc. (Name of Corporation)
• • •
DOCUMENT NUMBER: P05000127693
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:
G. Alan Howard
(Name of Person)
Milam Howard Nicandri Dees & Gillam, P.A.
(Name of Firm/Company)
14 East Bay Street
(Address)
Jacksonville, FL 32202
(City/State and Zip Code)
For further information concerning this matter, please call:
G. Alan Howard at 904 357-3660
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Mi	lam Howard Nicandri Dees & Gillam, P.A.
, ,	(Name of Registered Agent)
hereby resigns as Registered Agent for Real Mortgage Systems, Inc.	
, , ,	(Name of Corporation)
P05000127693	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	9: 59
G. Alan Howard	· · · · · · · · · · · · · · · · · · ·
	Typed or Printed Name)

Fee for filing this document:

President

\$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withdrawn corporation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
Tailahassee, FL 32314

(Capacity)