P0000058596

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		ţ
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

RA/R25
(109)

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CMM Property Management Corp. (Name of Corporation) DOCUMENT NUMBER: POGO00058596
DOCUMENT NUMBER: P0600058596
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:
2 Thomas Cross
(Name of Person)
CMM Property Maragement Corp (Name of Firm/Company)
P.O. Bot 510771 (Address)
(Address) Melvoure Beach, R 32951 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (324) 724-1005 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,
Florida Statutes, the undersigned, Judy Gallagher CPF (Name of Registered Agent)	+ DA
Florida Statutes, the undersigned, Judy Gallagher CPF (Name of Registered Agent) hereby resigns as Registered Agent for CMM Property Mana (Name of Corporation)	igement Corp
PØ6ØØØØ58596	•
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	
(Signature of Resigning Agent) If signing on behalf of an entity:	
N/A	
(Typed or Printed Name)	₩S.
N/A	CCRETE OO AUG
(Capacity)	SSERVE
Fee for filing this document:	SECRETARY OF STATE ALLAHASSEE, FLORIDA
\$87.50 - Active corporation	8 gm

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

withdrawn corporation

\$35:00 - Administratively dissolved/voluntarily dissolved/