P06000146321

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

Office Use Only



200119674922

03/10/08--01022--014 **87.50

LA Cesign

ECRETARY OF STATE LLAHASSEE, FLORING

T. Roberts MAR 1-1 2008

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ellis Ged DolMan + Berman, P.A. (Name of Corporation)
DOCUMENT NUMBER:
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:
Matthew A. Dolman (Name of Person)
(Name of Firm/Company)
1870 Wateroak DNV, W. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Glen Sed at (561) 995-1966 (Name of Person) at (561) 995-1966 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation

n or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Mathew A. Dolkan MWW A. Du (Name of Registered Agent)	W. Ko.
Florida Statutes, the undersigned, Mathew A. Dolkan Mww A. Dukan Marker A. Dolkan Marker A	Ą
(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:	OS MAR
(Typed or Printed Name)	ILED PH IN SI

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)