P0700009867

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
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ALLAHASSEE FIRDINA

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COVER LETTER

TO:	Amendment Section
	Division of Corporations
SUBJI	ECT: Seminole Oaks Residence Hall, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: P07000009867
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Rein	aldo I. Jimenez
· ·	(Name of Person)
The .	Jimenez Group
	(Name of Firm/Company)
290	Alhambra Circle, Suite A
•	(Address)
Cora	l Gables, Florida 33134
•	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
Reina	aldo I. Jimenez at (305) 772-4343
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



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, Raul Gastesi (Name of Registered Agent)	
hereby resigns as Registered Agent for Seminole Oaks Residence Hall, Inc. (Name of Corporation)	
P0700009867	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	7
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Regigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahassee, FL 32314