Division of Corporations Public Access System

## Electronic Filing Cover Sheet

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(((H090000088153)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

Phone : (302)531-0855

Fax Number

: (866)223-0765

REGISTERED AGENT RESIGNATION

THE SUNSEEKER CLUB, INC.

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

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: THE SUNSEEKER CLUB, INC.	
(Name of Corporation)		
DOC	UMENT NUMBER: P08000005425	
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
TUN	ISHA SCOTT	
	(Name of Person)	
INCORPORATING SERVICES, LTD.		
	(Name of Firm/Company)	
3500	S. DUPONT HWY.	
	(Address)	
DOV	Æ, DE 19901	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
TUNI	SHA SCOTT at ( 302 ) 531-0855	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
Ameno Divisio Clifton 2661 E	Address: Ilment Section On of Corporations On Division of Corporations On Building One Center Circle O	

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## 09 JAN 16 PH 3: 25

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	cions 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	
	(Name of Registered Agent)
hereby resigns as Registered Age	THE SUNSEEKER CLUB, INC.
	(Name of Corporation)
P08000005425	
(Document Number, if known)	,
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which  (Signature of Resigning Agent)
If signing on behalf of an entity:	
CANDICE B	. SWETLAND
	(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 Tallahassee, FL 32314