P09000007664

(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



000241785500

11/21/12--01010--024 **122.50



Pesign.
11/28/12
De

COVER LETTER

OCHC Cost Hoa Compation	
SUBJECT: (Name of Corporation)	
DOCUMENT NUMBER: POSTO TO THE OF CORPORATION TO THE OFFICE THE OFF	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	g.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
QGHG Consulting Corporation (Name of Firm/Company)	
300 Beach Orive Unit Leal	
St. Petersburg F1 3371 (City/State(and/Zip Code)	
For further information concerning this matter, please call:	
Innifer Norvis at 863, 934-8162 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1	509,	
Florida Statutes, the undersigned, NONICO UNDUL NOW	<u> </u>	
hereby resigns as Registered Agent for CHG (Name of Registered Agent) (Name of Corporation)	ф.	
P0900007644		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	n address.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which	
monica abalhans	இச் நேத்	
(Signature of Resigning Agent)	75 F6	
If signing on behalf of an entity:	100/2	
	海 2	aana gaana
(Turned on Drinted Moure)		i og kr
(Typed or Printed Name)		
	\$ \cup \cup \cup \cup \cup \cup \cup \cup	-
	214 p~	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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