

PD90000029/07

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

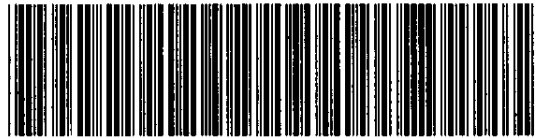
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TALLAHASSEE, FLORIDA
09 DEC 31 PM 1:56

RA/RES
@ 12/31/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DA AND ASSOCIATES INC
(Name of Corporation)

DOCUMENT NUMBER: P09000029107

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:

APRIL PEACH CONDRON

(Name of Person)

CAPE COD MGMT SVC INC

(Name of Firm/Company)

314 NE 27TH STREET

(Address)

WILTON MANORS FL 33334-2020

(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL PEACH CONDRON

(Name of Person)

at (954) 630-8300

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2009

APRIL PEACH CONDRON
CAPE COD MANAGEMENT SERVICES
314 NE 27TH ST.
WILTON MANORS, FL 33334-2020

SUBJECT: DA AND ASSOCIATES INC
Ref. Number: P09000029107

We have received your document for DA AND ASSOCIATES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 309A00039090

DEC 31 AM 11:00
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

**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, CAPE COD MANAGEMENT SERVICES INC

(Name of Registered Agent)

hereby resigns as Registered Agent for DA AND ASSOCIATES INC,

(Name of Corporation)

P09000029107

(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:

APRIL PEACH CONDRON

(Typed or Printed Name)

PRES: CAPE COD MANAGEMENT SERVICES INC

(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**

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
09 DEC 31 PM 1:56