

AUG. 9 2011 11:52AM  
Division of Corporations

DIVINE & ESTES, P.A.

NO. 302 P. 1  
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**P09000066792**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000199823 3)))



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Division of Corporations  
Fax Number : (850) 617-6380

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Fax Number : (407) 426-8030

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**REGISTERED AGENT RESIGNATION  
WATERFORD RESCAP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

RECEIVED

11 AUG -9 AM 8:10

SECRETARY OF  
TALLAHASSEE, FLORIDA

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AUG 9 2011

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### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Waterford Rescap, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P09000066792

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theodore D. Estes, Esq.

(Name of Person)

Divine & Estes, P.A.

(Name of Firm/Company)

24 S. Orange Ave.

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Theodore D. Estes

(Name of Person)

at ( 407 ) 426-9500

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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

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**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, Theodore D. Estes

(Name of Registered Agent)

hereby resigns as Registered Agent for Waterford Rescap, Inc.

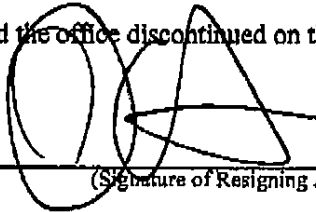
(Name of Corporation)

P09000066792

(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:

(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

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DIVISION OF CORPORATIONS  
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