Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phöñe Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address;

REGISTERED AGENT RESIGNATION **MY APARTMENT 2 CORP**



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H17000132285

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,	
Florida Statutes, the undersigned OSCAR FAR (Name of Registered Agent)		
hereby resigns as Registered Agent for My Apartment 2 (Name of Corporation)	<u> </u>	DCF
P11000049436		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kn		iress.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.		7 MAY IN
(Signature of Resigning Agent) If signing on behalf of an entity:	AT U: U5	
· (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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