

P120000001415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

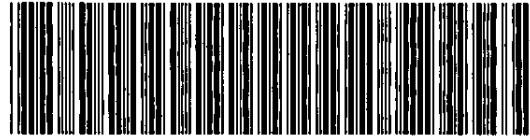
(Business Entity Name)

(Document Number)

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*Resignation*  
*RA*

12/16/13--01048--005 \*\*25.00

01/10/14--01030--012 \*\*2.50

FILED  
2014 JAN -8 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*00678, 00671

*OR*  
*1/10/14*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2013

Tripp Vitto, Esq.  
Saraga & Lipshy, P.A.  
201 N.E. First Avenue  
Delray Beach, FL 33444

SUBJECT: THREE BROTHERS MANAGEMENT INC.  
Ref. Number: P12000001415

We have received your document for THREE BROTHERS MANAGEMENT INC. and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$2.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 513A00029034

RECEIVED  
14 JAN -8 PM 2:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Three Brothers Management, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P12000001415

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:

Tripp Vitto, Esq.

(Name of Person)

Saraga & Lipshy, P.A.

(Name of Firm/Company)

201 N.E. First Avenue

(Address)

Delray Beach, Florida 33444

(City/State and Zip Code)

For further information concerning this matter, please call:

Tripp Vitto

(Name of Person)

at ( 561 ) 330-0660

(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**

**FILED**

**2014 JAN -8 PM 5:05**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, SLPA, Inc.

(Name of Registered Agent)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

hereby resigns as Registered Agent for Three Brothers Management, Inc.

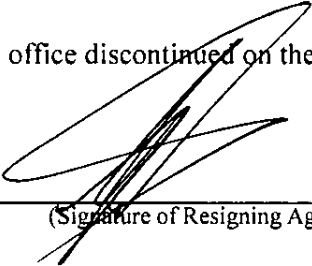
(Name of Corporation)

P12000001415

(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:

Brian Louis Lipshy

(Typed or Printed Name)

President

(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**