

Requestor's Name: **P12938**  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

**FILED**  
 98 AUG 17 PM 12:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*W*  
*P12938*  
*PPS*  
*8-17-98*

Examiner's Initials	_____
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Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as (name of registered agent)

Registered Agent for PATRICIAN REALTY, INC. (name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF MISSOURI

A copy of this resignation was mailed to the above listed corporation at its last known address. 8414 Reinhardt Lane Leawood, Ks 66206-1317

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Handwritten signature of the Assistant Secretary, with printed text: SIGNATURE ASSISTANT SECRETARY

FILED 98 AUG 17 PM 12:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FEE FOR FILING THIS DOCUMENT: \$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation