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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 430 South Missour; Avenue (Name of Corporation)
DOCUMENT NUMBER: ?
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:
(Name of Person)
PRINCIPLE PROPERTIES (Name of Firm/Company)
943 CLINT MOORE POAD (Address)
BOCA PATON, FL 33487 (City/State and Zip Code)
For further information concerning this matter, please call:
TOHN AMODIO at (860) 223-7911 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned,	GERALD S. TSERSON (Name of Registered Agent)	<u> </u>
hereby resigns as Registered Agent for _	430 SOUTH Mrssouri. (Name of Corporation)	Toc:
(Document Number, if known)	_	
,	the above listed corporation at its last known	own address.
this statement is filed.	discontinued on the 31st day after the date	on which
If signing on behalf of an entity:	nature of Resigning Agent)	PILE DEC -5 A MASSEE.
(T	yped or Printed Name)	AH 8: 58 OF STATE
-	(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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