Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : GLAZIER & GLAZIER, P.A.

Account Number : I20050000141 Phone : (904)997-1033 Fax Number : (904)997-1733

REGISTERED AGENT RESIGNATION

FLORIDA LIFESTYLE HOMES, INC.

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ON 3: 2/13/2006

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COVER LETTER

10:	Amendment Section Division of Corporation	S			
SUBJ	ECT: FLORIDA LIFES	TYLE HOMES, INC.			
	Pa.	(Name of Corpor	ration)		
DOC	UMENT NUMBER: P	93000074297			
The e	nclosed Resignation of Re	gistered Agent for a Corp	oration and fee a	re submitted for filing.	
Please	e return all correspondenc	e concerning this matter to	the following:	•	,
Sco	tt L. Glazier, Esq.			: *	
	(Name of	Person)			
Giaz	zier & Glazier, P.A.				
	(Name of Firm	ı/Company)			
882	5 Perimeter Park Blvd.,	Suite 504			
	(Addr	ess)			
Jac	ksonville, FL 32216				
	(City/State and	l Zip Code)		***	
For fi	erther information concern	ing this matter, please call	l:		
Scot	t L. Glazier	at (904) 997-1033	lephone Number)	
	(Name of Person)	(Arca Co	de & Daytime Te	lephone Number)	
Enclo or \$3:	sed is a check made payab 5.00 for an administrativel	le to the Florida Departmy y dissolved, voluntarily di	ent of State for S ssolved or witho	187.50 for an active corpor lrawn corporation.	ation
Amer Divisi Clifto 2661	t Address: diment Section on of Corporations n Building Executive Center Circle hassee, FL 32301	Mailing Address: Amendment Section Division of Corporat Post Office Box 632 Tallahassee, FL 323	tions 7		

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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, William J. Ash
(Name of Registered Agent)
hereby resigns as Registered Agent for FLORIDA LIFESTYLE HOMES, INC.
(Name of Corporation)
P93000074297
(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.
(Sibrature of Resigning Agent)
(Signature of Resigning Agent) ASSITION ASSITION FISS OF ST
(Typed or Printed Name)
(Connaine)
(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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