P940000/3684

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| Cycolar mistractions to 1 ming officer. | | | | | |
| | | | | | |

-Office Use Only



600168440496

02/22/10--01025--002 **35.00



PA Resign

@ @ MAR 1 1 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2010

KEVIN DAWSON 3956 TOWN CENTER BLVD. PMB 252 ORLANDO, FL 32837

SUBJECT: THE FLORIDA STORE VACATION RENTALS, INC.

Ref. Number: P94000013684

We have received your document and check(s) totaling \$35.00. 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 \$52.50. 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.

The fee to resign as registered agent of an active corporation is \$87.50.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 010A00004917

Division of Company tions DO DOY 6207 Wellsham Black and

COVER LETTER

| | sion of Corporations |
|--------------|---|
| SUBJECT: | The Florida Store Vacation Rentals, Inc |
| | (Name of Corporation) |
| DOCUME | NT NUMBER:_ P94000013684 |
| The enclose | d Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please retur | n all correspondence concerning this matter to the following: |
| Kevin Dav | wson |
| | (Name of Person) |
| | |
| | (Name of Firm/Company) |
| 3956 Tow | n Center Blvd, PMB 252 |
| | (Address) |
| Orlando, | FL 32837 |
| | (City/State and Zip Code) |
| For further | information concerning this matter, please call: |
| Kevin Dav | vson at (863) 557-4567 |
| | (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

March 9, 2010

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: P94000013684

Dear Mr. Connell,

I am in receipt of letter number 010A00004917 which states there is a balance of \$52.50 due for the filing of my Resignation of Registered Agent form. According to the fee schedule, the filing of said form is \$35.00 for a Dissolved Corporation. The Florida Store Vacation Rentals, Inc Document # P94000013684 has been dissolved and no further fees should be required. As such, I respectfully request the enclosed Resignation of Register Agent be filed as soon as possible.

Thanking you in advance for you assistance.

Sincerely,

Kevin Dawson

. . . .

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections | s 607.0502(2), 617.0502(2), 607.1509, or 6 | o17.1509 | , | |
|---|---|--|--------|---------|
| Florida Statutes, the undersigned, | Kevin Dawson | | | |
| | (Name of Registered Agent) | | | _ |
| hereby resigns as Registered Agent for | or The Florida Store Vacation Rentals | s, Inc. | | |
| , | (Name of Corporation) | | | _, |
| P94000013684 | | | | |
| (Document Number, if known) | | | | |
| The agency is terminated and the offithis statement is filed. | d to the above listed corporation at its last it ce discontinued on the 31st day after the discontinued of Resigning Agent) | | | š. |
| | (Signature of Resigning Agent) | 479.5% | | |
| If signing on behalf of an entity: | | | 0 | |
| | | | MAR | 1 |
| | | 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | 1118 |
| | (Typed or Printed Name) | - 15 EE | 7 | |
| | | Contraction of the contraction o | PM 12: | all the |
| | | State of the state | ភ | |

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

(Capacity)