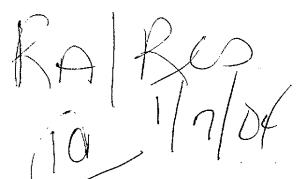
P94000045149

(Re	equestor's Name)			
(Ac	ldress)			
(Ad	(dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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ALLAHASSEE E STAIL

TRANSMITTAL LETTER

TO: Amendment Sec Division of Cor		
SUBJECT: Golden O	ocala Golf Club, Inc.	
	(Name of Corporation)	
DOCUMENT NUMB	ER: P94000045149	
The enclosed Resignati	ion of Registered Agent for a Corporation ar	nd fee are submitted for filing.
Please return all corresp	pondence concerning this matter to the follo	wing:
J. Stephen Gardner	. Esquire	
•	Name of Person)	7A-
`	,	
Bush Ross Gardner Warren & Rudy, P.A.		
(Nan	ne of Firm/Company)	SET P
220 South Franklin	Stroot	O3 DEC 29 PH 1: 55 TALLAHASSEE, FLORID
220 South Flankiin C		Or of
	(Address)	
Tampa, FL 33602		
(City	/State and Zip Code)	•
For further information	concerning this matter, please call:	
J. Stephen Gardner	a _f (813 ₎ 224	1-9255 time Telephone Number)
(Name o	of Person) (Area Code & Day	ime Telephone Number)
Enclosed is a check made or \$35.00 for an admini	de payable to the Florida Department of Sta istratively dissolved, voluntarily dissolved o	te for \$87.50 for an active corporation or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporation 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 section	ns 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,	J. STEPHEN GARDNER	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for GOLDEN OCALA GOLF CLUB, INC	
manage and acceptance of any angles.	(Name of Corporation)	
P94000045149		
(Document Number, if known)	 -	
A copy of this resignation was mail	ed to the above listed corporation at its last kn	own address.
The agency is terminated and the option this statement is filed.	Signature of Resigning Agent)	e on which
If signing on behalf of an entity:	(Typed or Printed Name)	FILED 03 DEC 29 PM 1: 55 TALLAHASSEE, FLORI
	(Capacity)	A TO THE RESERVE OF THE PERSON

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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