

P940000059000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

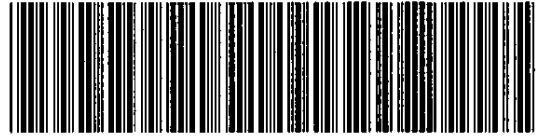
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: PARK AVENUE CONSTRUCTION COMPANY  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000059000

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:**

ISA HENRY

(Name of Person)

(Name of Firm/Company)

Corporation  
CLOSED

1149 S. PENNSYLVANIA AVE

(Address)

WINTER PARK FL 32789

(City/State and Zip Code)

**For further information concerning this matter, please call:**

LISA JOHNSON Heney

(Name of Person)

at ( 407 ) 493-7689

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

**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, LISA (A JOHNSON)  
(Name of Registered Agent)

hereby resigns as Registered Agent for PARK AVENUE CONSTRUCTION  
(Name of Corporation)

P94000059006  
(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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withdrawn corporation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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TALLAHASSEE, FLORIDA  
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