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To:

Division of Corporations

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From:

Account Name

Account Number : Phone

AKERMAN, SENTERFITT OF JACKSONVILLE

105543000740 (904) 798-3700 Fax Mumber (904) 354-4459

REGISTERED AGENT RESIGNATION

DOMINION DEVELOPMENT CORPORATION

Certificate of Status	8
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

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4/27/2004

TRANSMITTAL LETTER

	Amendment Section Division of Corporations .	
SUBJE	CT: DOMINION DEVELOPMENT CORPORATION	
	(Name of Corporation)	
DOCU	MENT NUMBER: P95000062332	
The end	losed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Picase r	eturn all correspondence concerning this matter to the following:	
Тепту	A. Moore, Esquire	
	(Name of Person)	
AKER	MAN SENTERFITT	
	(Name of Firm/Company)	
50 NC	RTH LAURA STREET, SUITE 2500	
	(Address)	
JACK	SONVILLE, FLORIDA 32202	
	(City/State and Zip Code)	-
For furt	her information concerning this matter, please call:	
Hilde \	/. Howell, Paralegal at (904) 798-3700	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclose or \$35.0	d is a check made payable to the Florida Department of State for \$87.50 for an active corporat 0 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	ion
Amenda Division P.O. Bo	Address: Street Address: nent Section Of Corporations Of Corporations Amendment Section Division of Corporations A09 E. Gaines Street Sec., FL 32314 Tallahassee, FL 32399	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0002(2), 617.0002(2), 607.1009, 0F 617.1009,	i		
Florida Statutes, the undersigned, Ak	CERMAN SENTERFITT			_
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	DOMINION DEVELOPMENT CORPORATI	ION		
	(Name of Corporation)			
P95000062332				
(Document Number, if known)				
A copy of this resignation was mailed to	o the above listed corporation at its last known ad	ldress.		
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on wh	nich		
Lung	A Duranguature of Resigning Agent)			
If signing on behalf of an entity:				
TERRY A. MOOF	RE .		04	
	Typed or Printed Name)		04 APR 29	
SHAREHOLDER		ARY O	29 PM	FILED
	(Capacity)	OF ST	<u>.</u>	
		율폭	ట	
		DΑ	ىت	
Rea for filin	s 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 Tallabassee, FL 32314