

AUG. 3. 2011 8:34AM  
Division of Corporations

DIVINE & ESTES, P.A.

NO. 275 PP. 11 of 1

49500093848

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Name : DIVINE & ESTES, P.A.  
Account Number : I20020000158  
Phone : (407) 426-9500  
Fax Number : (407) 426-8030

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**REGISTERED AGENT RESIGNATION  
BRENTWOOD CUSTOM HOMES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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*Resign  
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### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRENTWOOD CUSTOM HOMES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000093848

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:

THEODORE D. ESTES

(Name of Person)

DIVINE & ESTES, P.A.

(Name of Firm/Company)

24 SOUTH ORANGE AVENUE

(Address)

ORLANDO, FLORIDA 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

THEODORE D. ESTES, ESQ.

(Name of Person)

at ( 407 ) 426-9500

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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, THEODORE D. ESTES

(Name of Registered Agent)

hereby resigns as Registered Agent for BRENTWOOD CUSTOM HOMES, INC.

(Name of Corporation)

P95000093848

(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)

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314  
AUG 3 2011

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**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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