## P9600005320

Requester's Name

JAMES H. RICHEY, P.A. MELBOURNE PROFESSIONAL COMPLEX 1600 Sarno Road, Suite 4 Melbourne, FL 32935

City/State/Zip

CR2E031(7/97)

Phone #

500004484716--2 -07/18/01--01073--001 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	* A**
(Corporation Name)	(Document #)	
(Corporation Name)  Walk in Pick up time	(Document #)  Certified Copy	
Mail out Will wait  NEW FILINGS	Photocopy	·
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	and the same of th

Examiner's Initials

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
hereby resigns as Registered Agent forAtlantic Coastal Corporation (Name of corporation)
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 corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314