P96000034658

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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PA Resign

06/27/06--01020--008 **376.50



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Property Showcase, Inc.			
(Name of Corporation)			
DOCUMENT NUMBER: P96000034658			
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:			
Patricia L. Donlay (Name of Person)			
Property Showcase Inc (Name of Firm/Company)			
760 S. Volusia AVE			
Change City Fl 32763 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Particia L Donley at (386) 775-1100 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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			

If signing on behalf of an entity:

RESIGNATION OF REGISTERED AGE FOR A CORPORATION

(Typed or Printed Name)

(Capacity)

	ON OF REGISTERED AGENT A CORPORATION	OG JUN 22 PH 1: 49 FALLAHASSEE, FLORIDA 617.1509,
Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or o	617.1509, TORIO
Florida Statutes, the undersigned, Gr	egory Ruckert	9 ,4
	(Name of Registered Agent)	
hereby resigns as Registered Agent for Property Showcase, Inc.	_	
	(Name of Corporation)	
P96000034658		
(Document Number, if known)	_	
A copy of this resignation was mailed to	o the above listed corporation at its last	known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the o	late on which
(Si	gnature of Resigning Agent)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Tailahassee, FL 32314