

P96000048103

Florida Department of State
Division of Corporations
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(((H03000234808 1)))

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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : ROBERT N. ALLEN, JR., P.A.
Account Number : 073324000622
Phone : (305) 372-3300
Fax Number : (305) 379-7018

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DIVISION OF CORPORATIONS
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DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

ANANDA FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

RA Resign.

07/23/03 DC

Fax Audit Number: H03000234808 1

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANANDA FLORIDA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P96000048103

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:

ROBERT N. ALLEN, JR.

(Name of Person)

ALLEN & GALEGO

(Name of Firm/Company)

601 BRICKELL KEY DR, STE 805

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT N. ALLEN, JR.

(Name of Person)

at (305) 372-3300

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Fax Audit Number: H03000234808 1

**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, ALLEN & GALEGO
(Name of Registered Agent)

hereby resigns as Registered Agent for ANANDA FLORIDA, INC.
(Name of Corporation)

P96000048103

(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:

ROBERT N. ALLEN, JR.

(Typed or Printed Name)

PRESIDENT

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
Tallahassee, FL 32314

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