## P97000014435

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Oscard Fund, Inc. (Name of Corporation)
DOCUMENT NUMBER: P9700014435
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:
Judith E. Mc Coffray (Name of Person)
McCaffrey, P.A. (Name of Firm/Company)
SFII Pelican Bay Blod, Svite 2064 (Address)
Naples, FL 34108 (City/State and Zip Code)
For further information concerning this matter, please call:
Tudith Mc Carffrey at (239) 514-2505 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	.509,		
Florida Statutes, the undersigned, Judith E. McCaffrey (Name or Registered Agent)		_	
hereby resigns as Registered Agent for Oscard Fund, Inc. (Name of Corporation)		_	
P97000014435			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last know		s.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which		
((Signature of Resigning Agent)	2***1		
If signing on behalf of an entity:	ALC:	03 .	
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(Typed or Printed Name)		<u></u>	ī
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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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)