

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117 Phone Fax Number : (305)372-1350 : (305)372-1352

REGISTERED AGENT RESIGNATION

BOV DEVELOPMENT CORP.

Certificate of Status	0
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Estimated Charge	\$87.50

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Corporate Filing Menu

Help

4/25/2006

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Ala	an W. Levine	
· · · · · ·	(Name of Registered Agent)	
hereby resigns as Registered Agent for	BOV Development Corp.	
	(Name of Corporation)	
P97000101999		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last known address of	-17
this statement is filed.	discontinued on the 31st day after the date on which ARY OF STATU	
If signing on behalf of an entity:	5 . 51	
	Typed or Printed Name)	-
	(Capacity)	

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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