

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

P98000001429

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 7-19-99

600002934386--4
-07/19/99--01004--020
****385.00 *****87.50

REF. #: 0163. 7598

CORP. NAME: Dirot Golf Acquisition
Corporation Resignation
of RA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> CERT. OF AUTHORITY | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

☒ OTHER: Resignation of Agent

STATE FEES PREPAID WITH CHECK# 3302 FOR \$ 385.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF STATUS | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
|---|--|--|

Examiner's Initials DDC
7/19/99

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
99 JUL 19 AM 10:09

RECEIVED

FILED
99 JUL 19 PM 1:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT

99 JUL 19 PM 1:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Sections 607.0502(2), 617.0502(2), 607.1509 or 617.1509, Florida Statutes, the undersigned, FRED S. RIDLEY, hereby resigns as Registered Agent for **DIVOT GOLF ACQUISITION 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