

P98000039212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

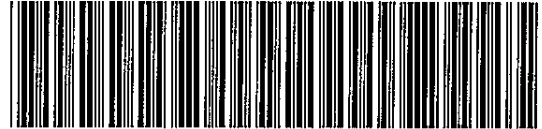
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900013274299

Resignation

of

RA

03/07/03--01013--003 **87.50

AJR
3/11/03

FILED
03 MAR 25 PM 12:23
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HYATT ENTERPRISES, INC.
(Name of corporation)

DOCUMENT NUMBER: P9800039212

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEEN RIGGS
(Name of person)

HYATT ENTERPRISES, INC
(Name of firm/company)

602 S. MILITARY TRAIL
(Address)

DEERFIELD BEACH, FL 33442
(City/state and zip code)

For further information concerning this matter, please call:

EILEEN RIGGS at (954) 427-7402
(Name of person) (Area code & daytime telephone number)

Enclosed is a ~~\$35.00~~ check made payable to the Department of State.
87.50

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

05 MAR -5 PM 12:23

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, ULRICO LIVINGSTON
(Name of Registered Agent)

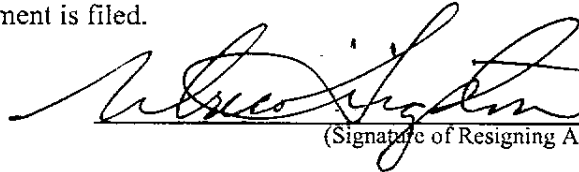
hereby resigns as Registered Agent for HYATT ENTERPRISES, Inc.
(Name of Corporation)

P98000039212

(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:

(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