

P98000040179

LAW OFFICES

*Camner, Lipsitz and Poller*

PROFESSIONAL ASSOCIATION

SUITE 700

550 BILTMORE WAY

CORAL GABLES, FLORIDA 33134

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

000002798460--8

-03/08/99--01145--024

\*\*\*\*\*87.50 \*\*\*\*\*87.50

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_
- ☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
- ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 MAR -5 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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P98000040179  
208 RA 20 3-5-99

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, \_\_\_\_\_

Neale J. Poller, Esq.  
(Name of registered agent)

hereby resigns as Registered Agent for \_\_\_\_\_

Flamingo Management Corp.  
(Name of 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.

98 MAR -5 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

[Signature]  
(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