

P98000061815

JULY 1, 1999

TO WHOM IT MAY CONCERN:

PLEASE REMOVE MY NAME ALLEN H. KATZ AS THE REGISTERED AGENT  
FOR TOTAL PROPERTY MANAGEMENT OF BROWARD COUNTY, INC. AS OF JULY 1, 1999.

THANK YOU,

*Allen H. Katz*

ALLEN H. KATZ

000002923600--7  
-08/05/99--01007--010  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

000002923600--7  
-07/06/99--01090--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*P98000061815  
APR 25  
ON 2/26  
8-6-99*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 13, 1999

KATZ, ALLEN, H.P.A.  
2919 E. COMMERCIAL BLVD., SUITE A  
FT. LAUDERDALE, FL 33308

SUBJECT: TOTAL PROPERTY MANAGEMENT OF BROWARD COUNTY, INC.  
Ref. Number: P98000061815

We have received your document for TOTAL PROPERTY MANAGEMENT OF BROWARD COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance of \$52.50 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 799A00036089



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, Allen H. KATZ

(Name of registered agent)

hereby resigns as Registered Agent for Total Property Management of Broward County Inc  
(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.

Allen H. Katz  
(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation