Address 900007307639--1 City/State/Zip Phone

*****35.00 ****

Office Use Only		•
CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known); 0007307639—-1 -09/05/02—01015—005 *****52.50 *****52.50
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☐ Walk in ☐ Pick up time	□ c	ertified Copy
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NEW FILINGS	<u>AMENDMENTS</u>	<u></u>
☐ Profit	Amendment	SE SE
Not for Profit	Resignation of R.A Offi	cer/Director SEP T
Limited Liability	Change of Registered Age	ent ASSE
☐ Domestication☐ Other	Dissolution/Withdrawal Merger	
U Other	□ Merger	ICATION ICATION
OTHER FILINGS	REGISTRATION/QUALIF	ICATION FLORE 55
Annual Report	☐ Foreign	A
Fictitious Name	Limited Partnership	
	Reinstatement	
	☐ Trademark☐ Other	
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

August 26, 2002

RUBEN M. GARCIA, ESQ. 1209 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316

SUBJECT: SKYDIVE DAYTONA BEACH, INC.

Ref. Number: P98000076935

We have received your document for SKYDIVE DAYTONA BEACH, 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 due of \$52.50. .

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) 245-6869.

Teresa Brown Corporate Specialist

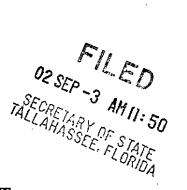
Letter Number: 302A00049746

02 SEP -3 AM 8: 22 DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOY 6227 Tollaham El 11 0001



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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, RUBEN M. GARCIA, ESQUIRE (Name of registered agent)
hereby resigns as Registered Agent for SKYDIVE DAYTONA BEACH, 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 his statement is filed.
Signature of resigning agent)
f 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