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(Re	questor's Name)	,
, (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	,
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	ł





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COVER LETTER

SUBJECT: Re		(Name of Corp	oration)	
DOCUMENT!	NUMBER:			
The enclosed Re	esignation of Registered	Agent for a Co	poration and fee a	re submitted for filing
Please return all	correspondence concer	ning this matter	to the following:	
Ralph V. Had	ley, III, Esquire			
	(Name of Person)			
Swann & Had	lley, P.A.			
	(Name of Firm/Compa	ny)		
1031 W. Mor	se Blvd., Suite 350			
	(Address)		-	
Winter Park,	Florida 32789		,	
	(City/State and Zip Coo	de)		
For further info	rmation concerning this	matter, please c	all:	
Ralph V. Hadi	ey, III	at (407	647-2777	
	Name of Person)	(Area	Code & Daytime Tel	ephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL ,32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT JAN 16 PM 3: 34

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned, Swann & Hadley, P.A. (Name of Registered Agent)	
hereby resigns as Registered Agent for Relax in Comfort Management Ground (Name of Corporation)	ıp, Inc,
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day after the dathis statement is filed. Signature of Resigning Agent)	te on which
If signing on behalf of an entity:	
Ralph V. Hadley, III (Typed or Printed Name)	_
Vice President Secretary	_

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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