

P99000041843

(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



200181177452

05/24/10--01017--006 **35.00

LA Resp/Draw

FILED
10 MAY 24 AM 8:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

Roberts MAY 25 2010

GRAY ROBINSON
ATTORNEYS AT LAW

Pamela O. Price

407-244-5607

PPRICE@GRAY-ROBINSON.COM

May 19, 2010

SUITE 1400
301 EAST PINE STREET (32801)
P.O. BOX 3068
ORLANDO, FLORIDA 32802-3068
TEL 407-843-8880
FAX 407-244-5690
FORT LAUDERDALE
JACKSONVILLE
KEY WEST
LAKELAND
MELBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Resignation of Registered Agent
Rinchart Road Properties, Inc.
Document No.: P99000041843**

Dear Sir or Madam:

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

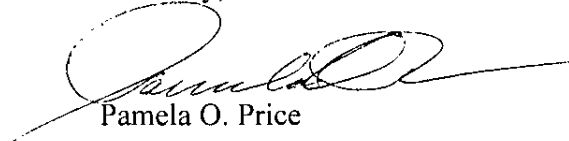
Pamela O. Price
GrayRobinson, P.A.
P.O. Box 3068
Orlando, FL 32802-3068

For further information concerning this matter, please call:

Pamela Price at (407) 843-8880.

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made payable to the Florida Department of State for \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Sincerely,



Pamela O. Price

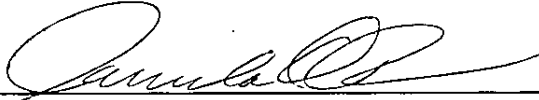
POP/km
Enclosures

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, **Pamela O. Price**, hereby resigns as Registered Agent for Rinehart Road Properties, Inc., Document No. P99000041843.

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agent is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Pamela O. Price

If signing on behalf of an entity:

(Type 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 the Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
10 MAY 24 AM 8:54
DEPT. OF STATE
TALLAHASSEE, FLORIDA