## P99900048064

J. MARCUS VERNON, ESQUIRE 1721 RAINBOW DRIVE CLEARWATER, FL 33755

City/State/Zip

Phone #

200003322362--7 -07/13/00--01071--024 \*\*\*\*\*87.50 \*\*\*\*\*87.50

**Examiner's Initials** 

Office Use Only

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

| 1. | (Corporation Name)                                          | (Document #)                                                                                             |
|----|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 2. | (Corporation Name)                                          | (Document #)                                                                                             |
| 3. | (Corporation Name)                                          | (Document #)  (Document #)  (Document #)                                                                 |
| 4. | (Corporation Name)                                          | (Document #)                                                                                             |
|    | ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait             | Certified Copy  Photocopy  Certificate of Status                                                         |
|    | NEW FILINGS                                                 | <u>AMENDMENTS</u>                                                                                        |
|    | Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |
|    | OTHER FILINGS                                               | REGISTRATION/QUALIFICATION                                                                               |
|    | ☐ Annual Report ☐ Fictitious Name                           | Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other            |

## 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, SAMES MARCUS VERNON (Name of registered agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| hereby resigns as Registered Agent for / MA MARINE ROPERTIES, /NC. (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.  (Signature of resigning agent)  (Signature of resigning agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| TAMES MARCUS VERNON ER TO TO THE STATE OF TH |
| REGISTERED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (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