P990000082828

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		j
		f

Office Use Only



200020677082

06/16/03--01024--016 **35.00

03 JUN 16 PH 12: 22

Ps ce/15/03 74 Kestnach

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: SLOAN HOMES #2, INC. (Name of Corporation)	<u> </u>
DOC	UMENT NUMBER: P99000082828	<u> </u>
The er	enclosed Resignation of Registered Agent for a Corporation and fee are submi	tted for filing.
Please	e return all correspondence concerning this matter to the following:	
Va1	lerie Lee (Name of Person)	
_ Swa	art Baumruk & Company, LLP (Name of Firm/Company)	. · · · · · · · · · · · · · · · · · · ·
717	7 East Oak Street (Address)	2
<u>Kis</u>	ssimmee, F1 34744 (City/State and Zip Code)	e e e e e e e e e e e e e e e e e e e
For fu	urther information concerning this matter, please call:	
Val	lerie Lee at (407) 847-7466 (Name of Person) (Area Code & Daytime Telephone N	lumber)
	osed is a check made payable to the Florida Department of State for \$87.50 for 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn con	

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

03 JUN 16 PH 12: 22

TALLAHASSEE, FLORID.

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	/ • •
Florida Statutes, the undersigned, Harry J. Swart	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Sloan Homes #2, Inc.	
(Name of Corporation)	•
P99000082828	
(Document Number, if known)	
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)	\$ - VI-
If signing on behalf of an entity:	
(Typed or Printed Name)	1
(Capacity)	S FLA

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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