## CAPITAL CONNECTION, INC.

417 E. Virginia Stréet, Suite 1 • Tallahassee, Florida 32302 (904) 224-8870 • 1-800-342-86 • Fa (904) 222-1222

## 083

Meadoubrook Terrace of Me/bourne, Inc.

Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Name Reservation
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Cop <b>PINIOD23389024</b>
Photo Cop <b>©1010023389024</b>
Photo Cop <b>PINIO 23389024</b> -11/05/9701054030 Certificate of Good Standarigon_00 *****35.00
Photo Cop <b>PINION 2338902—4</b> —11/05/97—01054—030 Certificate of Good Standarigon_00 ******35.00  Certificate of Status
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Photo Copy 1002338902 - 4 -11/05/9701054-030 Certificate of Good Standar 200.00 *******35.00  Certificate of Status Certificate of Fictitious Name Corp Record Search
Photo Copy 111002338902 - 4 -11/05/9701054-030 Certificate of Good Standar 200.00 ******35.00  Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Photo Copy 111102338902 4 -11/05/97-01054-030 Certificate of Good Standard 00.00 *****35.00  Certificate of Status
Photo Copy 11102338902 — 4 -11/05/9701054-030 Certificate of Good Standar 200.00 *******35.00  Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Fictitious Owner Search
Photo Copy 11102338902 — 4 —11/05/97—01054—030 Certificate of Good Standar 201 00 ******35.00  Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Vehicle Search Vehicle Search

UCC 11 Retrieval\_

Courier\_

	1	<b>N</b> • •
Signature		
Requested by:	11/4	10:00
Name	Date	Time

Walk-In \_

Will Pick Up .

## FLORIDA LEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0	0502(2), 617.0502(2), 607.1509, or 6	317.1509,
Florida Statues, the undersigned, Capita.	//Name of registered agent)	Melbourne, Inc
hereby resigns as Registered Agent for	(Name of corporation)	111 / 12001 neg -
A copy of this resignation was mailed to the	above listed corporation at its last known	own address.
The agency is terminated and the office disc	ontinued on the 31st day after the da	ate on which
this statement is filed.		
If signing on behalf of an entity:	of resigning agent)	
Weimar Lopez (Typed or Printed Name)		97 NO SECRE
Registered Agent Coordinator (Capacity)		V-5 AMI
		AMII: 56
Fee for fill	ng this document:	

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation