# 541759

| (Re                                     | equestor's Name)   |          |
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Resignation of KA

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

T. Roberts FEB O 472110

### **COVER LETTER**

|         | Division of Corporations  |
|---------|---|
| SUBJ    |   |
|         | (Name of Corporation)   |
| DOC     | MENT NUMBER: S41759   |
| The er  | closed Resignation of Registered Agent for a Corporation and fee are submitted for filing |
| Please  | return all correspondence concerning this matter to the following:                        |
| 1 10450 | totall all correspondence concerning and matter to the following.                         |
| Gise    | a Fasco   |
|         | (Name of Person)  |
| Broa    | d and Cassel  |
|         | (Name of Firm/Company)  |
| 2 So    | uth Biscayne Boulevard, 21st Floor  |
|         | (Address)   |
| Mian    | i, Florida 33131  |
|         | (City/State and Zip Code)   |
| For fu  | ther information concerning this matter, please call:                                     |
| Gisel   | a Fasco at ( 305 ) 373-9419   |
|         | (Name of Person) (Area Code & Daytime Telephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,                               |             |
|---|-------------|
| Florida Statutes, the undersigned, B & C Corporate Services, Inc.  (Name of Registered Agent)                         | -           |
| hereby resigns as Registered Agent for Peninsular Equities Corp.  |             |
| (Name of Corporation)   |             |
| S41759  |             |
| (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. |             |
| Live Jules  |             |
| (Signature of Resigning Agent)  |             |
| If signing on behalf of an entity:  | _           |
| Gisela Fasco  | D8 JAN 30   |
| (Typed or Printed Name)   | N 30        |
| Vice President  | <b>A</b>    |
| (Capacity)  | <del></del> |

## 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