## V59620

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SCORUTARY OF STATE FINITION OF CONFORATIONS

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## **COVER LETTER**

Division of Corporations		
SUBJECT: FLORIDA FAMILY		
	(Name of Corporation)	
DOCUMENT NUMBER:	V59620	
The enclosed Resignation of Register	red Agent for a Corporation and fee are submitted for filing	g.
Please return all correspondence con	cerning this matter to the following:	
Karen Loraine (Name of Perso	on)	
GrayRobinson, P.A. (Name of Firm/Con	nnany)	
1795 W. Nasa Blvd. (Address)		
Melbourne, FL 32901 (City/State and Zip	Code)	
For further information concerning t	his matter, please call:	
Michelle Deering (Name of Person)	at ( 321 ) 727-8100 (Area Code & Daytime Telephone Number)	:5
	o the Florida Department of State for \$87.50 for an active cosolved, voluntarily dissolved or withdrawn corporation.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	25 PHIZ: 06

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fee for filing this document: \$87.50 - Active Corporation

\$35.00 - 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withdrawn corporation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