

COVER LETTER

TO: Amendment Section
Division of Corporations

The enclosed Resignation of Registered Agent and fee are submitted for resignation from more than one Corporation (profit and/or not for profit) that each has been dissolved, either voluntarily, administratively, or by court action, for a continuous period of 10 years or longer. *See* sections 607.0503(6)(a) and 617.0502(2)(b), Florida Statutes.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (_____) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$35.00.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FROM MORE THAN ONE CORPORATION
(PROFIT AND/OR NOT FOR PROFIT)**

Pursuant to the provisions of sections 607.0503(6)(a) or 617.0502(2)(b),

Florida Statutes, the undersigned, _____
(Name of Registered Agent)

hereby resigns as Registered Agent from more than one domestic corporation that each has been dissolved, either voluntarily, administratively, or by court action, for a continuous period of 10 years or longer. See attached page to list the name, date dissolution became effective and document number for each respective domestic corporation.

After filing this statement of resignation with the Division of Corporations, the resigning individual must promptly mail a copy of either the composite statement of resignation or a separate notice of resignation for each respective corporation, in each case using the respective mailing address of the respective corporation that then appears in the records of the department.

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)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$ 35.00 for a single composite filing of resignation from more than one corporation that each has been dissolved, either voluntarily, administratively, or by court action, for a continuous period of 10 years or longer.

Make checks payable to Florida Department of State and mail to:

**Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Name of Corporation (profit and/or not for profit)

Date of Dissolution

Document Number
