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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bt	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

4

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Mesignation

Megistered

DIVISION AS CONTROLL OF NOTION OF PRINCIPLE OF PRINCIPLE

BR

04 NOV -4 PN 4: 28
SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

seth Toutona Beach	
30.00	
	
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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
•	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Bigliature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT
THE REPORT OF THE PARTY OF THE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 612 1509
Florida Statues, the undersigned, <u>Capital Connection</u> , <u>Inc.</u> (Name of registered agent)
hereby resigns as Registered Agent for South Daylong Beach Good Samaritan. (Name of corporation) Housing, Inc.
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.
Lilani White (Signature of resigning agent)
If signing on behalf of an entity:
Leilani White(Typed or Printed Name)
Registered Agent Coordinator (Capacity)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation