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(Requ	uestor's Name)	
(Addı	ress)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pattonwood Home Dwners' Asroc., Inc. (Name of Corporation)
DOCUMENT NUMBER: 747521
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JO-Jean Panton Figueira, Esq. (Name of Person)
Jo-Jean Panton Figurica, P.A. (Name of Firm/Company)
2920 N.W. 29th Avenue (Address)
Boca Paten FL 33434 (City/State and Zip Code)
For further information concerning this matter, please call:
JO-Jean Figueira at (Sel) 900 - 5060 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corpor or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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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, <u>Jo-Jean Panton Figureira</u> , <u>Esq.</u> (R.A.) (Name of Registered Agent for <u>The Buttonwood Home Owners' Assoc.</u> , <u>Inc.</u> (Name of Corporation)
hereby resigns as Registered Agent for The Buttonwood Home Owners' Assoc., Inc. (Name of Corporation)
(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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Jo-Jean Parton Figuria (Typed or Printed Name)
President (Capacity) RECRETARY OF THE CAPACITY OF THE CAPACI
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation