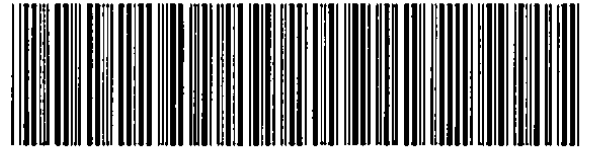


758524



000331915110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

07/23/19--01012--008 **87.50

Special Instructions to Filing Officer:

Office Use Only

State Dept. of Public Safety
TALLAHASSEE, FL 32304

19 JUL 23 AM 10:04

FILED

JUL 30 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEANS WEST HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 758524

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:

MARK H. RUFF, ESQ.
(Name of Person)

THE LAW OFFICES OF MARK H. RUFF, P.A.
(Name of Firm/Company)

630 N. WYMORE RD., STE. 330
(Address)

MAITLAND, FL 32751
(City/State and Zip Code)

For further information concerning this matter, please call:

LILLIAN GARCIA at (407) 951-6679
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

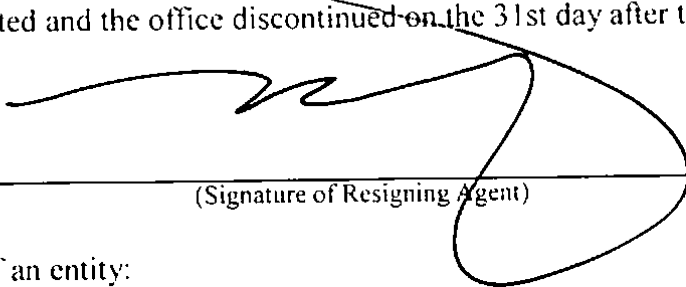
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MARK H. RUFF, ESQ.
(Name of Registered Agent)

hereby resigns as Registered Agent for OCEANS WEST HOMEOWNERS
(Name of Corporation) ASSOCIATION, INC

758524
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address, on 7/16/11

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:

MARK H. RUFF, ESQ, THE LAW OFFICES OF
(Typed or Printed Name) MARK H. RUFF, P.A.

PRESIDENT
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

FILED
19 JUL 23 AM 10:04
STATE OF FLORIDA
TALLAHASSEE

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