

Division of Corporations Public Access System

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From:

Account Name : GRAY ROBINSON, P.A.

Account Number : 075154001651

Phone

: (321)727-8100

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## REGISTERED AGENT RESIGNATION

CITRUS SPRINGS VILLAGE "F" HOMEOWNERS ASSOCIATION, I

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: CITRUS SPRINGS V	ILLAGE "F" HOMEOV	VNERS ASSOCIATION, INC.
N/0000	(Name of Corporation	on)
DOCUMENT NUMBER: N0300	0008363	
The enclosed Resignation of Registe	red Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the	e following:
Patrick F. Healy, Esq.		
(Name of Perso	on)	
GrayRobinson, P.A.		
(Name of Firm/Cor	npany)	
1800 W. Hibiscus Bivd., Suite 1	38	
(Address)		
Melbourne, Florida 32901		
(City/State and Zip	Code)	
For further information concerning t	his matter, please call:	
Patrick F. Healy, Esq.	at ( 321 )	727-8100
(Name of Person)	(Area Code	727-8100 & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department solved, voluntarily disso	of State for \$87.50 for an active corporation lved or withdrawn corporation.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 Corporation Post Office Box 6327 Tailahassee, FL 32314	S

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Pa	trick F. Healy
, 5 .	(Name of Registered Agent)
hereby resigns as Registered Agent for	Citrus Springs Village "F" Homeowners Associal
	(Name of Corporation)
N03000008363	•
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	
	Typed or Printed Name)  ALCRAH
\$87.50 - Acti	(Capacity)  Graph Compact Composition  ASSE FLOR D  Composition  Compo

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

withdrawn corporation