## N05000006943

| Dean Armitage. (Requestor's Name)       |            |  |  |
|---|------------|--|--|
| 12839 Danahtery (Address)               | <u>Σγ.</u> |  |  |
| · Winter Garden Fl<br>(Address)         |            |  |  |
| (City/State/Zip/Phone #                 | 9          |  |  |
| PICK-UP WAIT                            | MAIL       |  |  |
| (Business Entity Name)                  |            |  |  |
| (Document Number)                       |            |  |  |
| Certified Copies Certificates o         | f Status   |  |  |
| Special Instructions to Filing Officer: |            |  |  |
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Office Use Only



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O9 MAY 15 AM 8: 52 SECRETARY OF STATE ALLAHASSEE ELOPIO

on 2/2 and

## 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, _SF   | PENCER SOLOMON                                 |           |              |        |
| , <u> </u>                               | (Name of Registered Agent)                     |           |              |        |
| hereby resigns as Registered Agent for   | Grovehurst Homeowners Association,             | ,lnc.     |              |        |
| ,  | (Name of Corporation)                          | <u>-</u>  |              |        |
| N05000006943                             |  |           |              |        |
| (Document Number, if known)              |  |           |              |        |
| A copy of this resignation was mailed to | o the above listed corporation at its last kno | wn addres | SS.          |        |
| this statement is filed.                 | discontinued on the 31st day after the date    | on which  |              |        |
| // (Si                                   | gnature of Resigning Agent)                    | LA        | O9 MAY       |        |
| If signing on behalf of an entity:       |  | HAS       | <u> </u>     | _11    |
|  |  | SEE       | 5            | FILED  |
|  |  |           |              | $\Box$ |
| •  | Typed or Printed Name)                         |           | 8: <b>52</b> |        |
|  |  |           |              |        |

## Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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

(Capacity)