

NO5993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

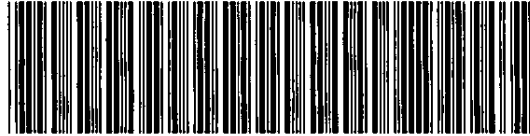
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Re Resignation*

JUN 23 2016

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**TIMOTHY J. SLOAN, P.A.**

ATTORNEY AND COUNSELOR AT LAW  
427 MCKENZIE AVENUE  
POST OFFICE BOX 2327  
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN  
ALSO MEMBER OF  
DISTRICT OF COLUMBIA  
AND MISSOURI BARS

TELEPHONE (850) 769-2501  
FACSIMILE (850) 769-0824

June 17, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Commodore Owners Association, Inc.

Gentlemen:

Enclosed please find an original Resignation of Registered Agent for A Corporation ("Resignation") for the above referenced corporation, together with a check in the amount of \$87.50 to cover the cost of filing. Please file the Resignation at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.

  
Timothy J. Sloan

TJS/mf  
Encl.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE COMMODORE OWNERS ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N05993

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:

Timothy J. Sloan  
(Name of Person)

Timiothy J. Sloan, P.A.  
(Name of Firm/Company)

427 McKenzie Ave.  
(Address)

Panama City, FL 32401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy J. Sloan at ( 850 ) 769-2501  
(Name of Person) (Area Code & Daytime Telephone Number)

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16 JUN 20 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Timothy J. Sloan, P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for The Commodore Owners Association, Inc.  
(Name of Corporation)

N05993  
(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:

Timothy J. Sloan  
(Typed or Printed Name)

President  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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