N08000003111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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RA Resignation

07/22/09--01006--013 **236.25

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OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Waters Edge of Polk County
Homeowners Association, Inc

Thank you!

(11)

Signature

Requested by: Christina 7:00 am
Name Date Time

Walk In Will Pick Up

- ____ Art of Inc. File____
- ____ LTD Partnership File____
- ____ Foreign Corp. File____
- ____ L.C. File____
- ____ Fictitious Name File____
- ____ Trade/Service Mark____
- ____ Merger File____
- ____ Art. of Amend. File____
- ✓ RA Resignation____
- ____ Dissolution / Withdrawal____
- ____ Annual Report / Reinstatement____
- ____ Cert. Copy____
- ✓ Photo Copy____
- ____ Certificate of Good Standing____
- ____ Certificate of Status____
- ____ Certificate of Fictitious Name____
- ____ Corp Record Search____
- ____ Officer Search____
- ____ Fictitious Search____
- ____ Fictitious Owner Search____
- ____ Vehicle Search____
- ____ Driving Record____
- ____ UCC 1 or 3 File____
- ____ UCC 11 Search____
- ____ UCC 11 Retrieval____

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2009 JUL 22 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 617.1420, Florida Statutes, the undersigned, Donnie L. Tyler

(Name of Registered Agent)

hereby resigns as Registered Agent for Waters Edge of Polk County Homeowners Association, Inc.

(Name of Corporation)

N08000003111

(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:

(Typed or Printed Name)

(Capacity)

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