

N080000003111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

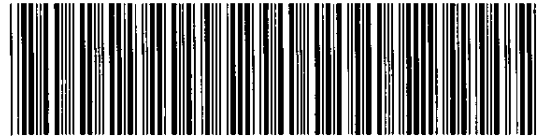
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600158786426

RA
resignation

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

RECEIVED
09 JUL 22 AM 11:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 JUL 22 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
7/23/09

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!
Ⓜ

Signature

Requested by

Name

Date

Time

- ☐ 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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2009 JUL 22 PM 2:42

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
Florida Statutes, the undersigned, Donnie L. Tyler

(Name of Registered Agent)

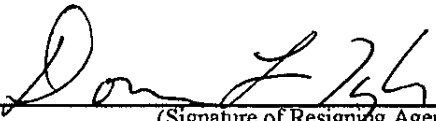
hereby resigns as Registered Agent for Waters Edge of Polk County Homeowners Association, Inc.
(Name of Corporation)

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**