## P02000084950

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations		·	
SUBJECT: Longwood Island Inc.			
1)	Name of Corporat	ion)	
DOCUMENT NUMBER: P020000849	950		
The enclosed Resignation of Registered Age	ent for a Corpora	ation and fee are submitted for filing	<b>5</b> -
Please return all correspondence concerning	this matter to the	he following:	
Dave Bofill			
(Name of Person)		•	
Longwood Island Inc			
(Name of Firm/Company)		-	
1053 Pebble Beach Circ	cle W		
(Address)		<u>.</u>	
Winter Springs, Florida	32708		
(City/State and Zip Code)		-	
For further information concerning this matt	ter, please call:		
Jim Kenney	<sub>at (</sub> 407	493 9380	
(Name of Person)	(Area Code	& Daytime Telephone Number)	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Dave Bofill
(Name of Registered Agent)
hereby resigns as Registered Agent for Longwood Island Inc.  (Name of Corneration)
(Name of Corporation)
P02000084950
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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