# N0200001583

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(Re	equestor's Name)		_
(Ad	dress)		_
(Ad	dress)		_
(Cit	y/State/Zip/Phone	· #)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	_
(Do	cument Number)	<u> </u>	_
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Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
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SECRETARY OF STATE

RA-RES TRG/ST



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## 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, Statutes, the undersigned, (Name of Registered Agent)
hereby resigns as Registered Agent for 100 (Name of Corporation)
NO2000007583
(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: $Beth Fa/mer.$
(Typed or Printed Name)
PROPERTY MGR Registered Agent
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		•	
SUBJECT: Bella Vista AT I Voli Woods (Name of Corporation)			
DOCUMENT NUMBER: NO 2000 7583			
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:	ECRE LLAH	0 SEP	
Deth talmer. (Name of Person)	TARY OF	23 -	FILED
CName of Firm/Company)	STATE	H 12: 39	
221 Walton Heath	_		
Orlando Fl. 32828. (City/State and Zip Code)		~ ~ *	
For further information concerning this matter, please call:			
Deth talmer at (407) 222-6795 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

**Street Address:** 

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301