N08000002151

(Requestor's Name)		
(Address)		
(Address)		
(rida(655)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Pusiness Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE
TALLAHASSEE, FLORID

Ra Rosignation

FEB 0 9 2017

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations		
RESERVE AT MEADOW LAKE HOMEOWNERS ASSOCIATION, INC.		
(Name of Corporation) DOCUMENT NUMBER: N0800002151		
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:		
Jan J. McClanahan		
(Name of Person)		
Southwest Property Mgmnt of Cntrl Fl., Inc.		
(Name of Firm/Company)		
13350 W. Colonial Drive Ste 330	2 =	
(Address)		T
Winter Garden, FL 34787	B-3	F
(City/State and Zip Code)		m
For further information concerning this matter, please call:	15 K	
Jan J. McClanahan at 407 656-1081	75 S	•
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Southwest Property Mgmnt of Cntrl F	I., Inc.
(Name of Registered Agent)	
hereby resigns as Registered Agent for Reserve at Meadow Lake Homeowners Assoc.,	Inc.
(Name of Corporation)	
N08000002151	·
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	Po =
Gary Comstock	
(Typed or Printed Name)	HASSI HASSI
President	
(Capacity)	92 N

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withdrawn corporation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