- Man 16333

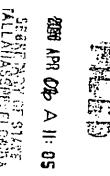
(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
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T. LEMIZUK

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Townhomes at Wexford Owners Association, Inc.
DOC	(Name of Corporation) CUMENT NUMBER: N0600006323
	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
Ho	ssam Ashour
	(Name of Person)
Tow	nhomes at Wexford Owners Association Inc.
	(Name of Firm/Company)
80	06 Down Royal Rd
	(Address)
Та	mpa , FL 33610
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Ho	(Name of Person) at () (Area Code & Daytime Telephone Number)
Encloor \$3	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Ame Divis Clifte 2661	Mailing Address: Indment Section Sion of Corporations On Building Executive Center Circle Chassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

<u>*</u>	607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, De	nise Helbig
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Townhomes at Wexford Owners Association, Inc.
	(Name of Corporation)
N06000006323	
(Document Number, if known)	_
A copy of this resignation was mailed t	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
Den (S	ignature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)
	(Capacity)
Fee for filin	ng this document:
	tive Corporation 58 =
\$35.00 - Ad	ministratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation