## 133398

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nai	me)
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Plum Hollow Condominium Association Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: 733398
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Joel	R. Tew
	(Name of Person)
Tew	& Associates
	(Name of Firm/Company)
7747	C Mitchell Boulevard
	. (Address)
New	Port Richey, FL 34655
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Linda	(Name of Person) at (727 ) 645-6944 (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	9,	
Florida Statutes, the undersigned,Joel R. Tew		
(Name of Registered Agent)	_	
hereby resigns as Registered Agent for Plum Hollow Condominium Association In	С.	.,
(Name of Corporation)		
733398		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known a	ıddress.	
The agency is terminated and the office discontinued on the 31st day after the date on withis statement is filed.	vhich	
Who show		
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
Joel R. Tew		
(Typed or Printed Name)		٥
Registered Agent	11 NOV -	SECRETA
	-3 AH S	RY OF SI CORPOR
Fee for filing this document:	9.0	ATIO
\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	_	3
555.00 - Administratively 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