734095

•				
(Re	questor's Name)		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Pho	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SEP 1 1 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Division of	Section Corporations
•	
SUBJECT:	The Townhomes of Oriole Association, Inc.
	(Name of Corporation)
DOCUMENT NUM	MBER:
The enclosed Resign	nation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
KATHE	ERINE C. NUCKOLLS
	(Name of Person)
	OGER & ASSOCIATES, P.A.
(1	Name of Firm/Company)
621 N	W 53rd St., Suite 300
	(Address)
Вос	a Raton, FL 33487
((City/State and Zip Code)
For further informat	ion concerning this matter, please call:
	C. Nuckolls at (561) 988 - 5598 (Area Code & Daytime Telephone Number)
(Nan	ne of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check or \$35.00 for an adm	made payable to the Florida Department of State for \$87.50 for an active corporation ninistratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046 (04/12)

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617.150	9,
Florida Statutes, the undersigned, _ R	ANDALL K. ROGER & ASSOCIATES, F	P.A.
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	The Townhomes of Oriole Association	n, Inc.
	(Name of Corporation)	
734095		
(Document Number, if known)	_	
A copy of this resignation was mailed to	o the above listed corporation at its last known a	address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on v	vhich
Lather	in to Mah	
/ Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:		
		•
KATHE	RINE C. NUCKOLLS	
	Typed or Printed Name)	
1	WOE PRESIDENT	
	ICE PRESIDENT	
	(Capacity)	•
	<	_ ,,,
	this document:	S negle
	ve Corporation	, T
	ninistratively dissolved/voluntarily dissolved/ hdrawn corporation	
With	was corporation	2
		Magain Magain
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	to Florida Department of State and mail to:	± co

P.O. Box 6327 Tallahassee, FL 32314