741852

(Requ	uestor's Name)	
- (Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
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SECRETARY SERVICES IN ORD

MAR 11 2014 C. CARROTHERS

COVER LETTER

SUBJECT: Quail Ridge Homeowner	(Name of Corp		
DOCUMENT NUMBER: / -	100		
The enclosed Resignation of Registered	d Agent for a Cor	poration and fee are su	bmitted for filing.
Please return all correspondence conce	ming this matter	to the following:	•
	-		
Dennis F. Fairbanks	·.		
(Name of Person)	•	• • • • • • • • • • • • • • • • • • • •	
Law Office of Dennis F. Fairbanks (Name of Firm/Comp		Manufort .	
(Name of FirmComp	nity <i>)</i>		
1600 Sarno Road, Suite 1		;	
(Address)	· · · · · · · · · · · · · · · · · · ·		
Malhauma El apogr			
Melbourne, FL 32935 (City/State and Zip Co	ode)		
	•	••	
For further information concerning this	matter, please ca	llf:	
Dennis F. Fairbanks	_{at (} 321	1255-0143	•
(Name of Person)		ode & Daytime Telephor	a Number)

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

	ions 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Dennis E Fairbanks	
Florida Statutes, the undersigned,	(Name of Registered Agent)	
hereby regions as Registered Age	nt for Quail Ridge Homeowner's Association Inc.	
Thereby resigns as registered rigo	(Name of Corporation)	
141852		
(Document Number, if known)		
A conv of this resignation was ma	ailed to the above listed corporation at its last known address.	
Troops of this tosignation was the	ariod to the deet of traced compositions at its fast ratio will address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which	
	Def. A	
	(Signature of Resigning Agent)	
If signing on behalf of an entity:	2: 20 LONDA	
Sue Jones	Sve Joines (Typed or Printed Name)	
	(Typed of Frince Name)	
	$\mathcal{L} \cap \mathcal{L}$	
President	XXII TILL	

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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