745115

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORIO,

COVER LETTER

'n

TO:	Amendment Section Division of Corporations
SUBJ	ECT: ISLES OF TAMARAC HOMEOWNER'S ASSOCIATION, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: 745115
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Ma	uri Peyton, Esq. (Name of Person)
Pe	ytonBolin, PL (Name of Firm/Company)
475	58 W. Commercial Blvd.
Ft.	(Address) Lauderdale, FL 33319 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
An	gela Alu at (954) 316-1339 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, PeytonBolin, PL	
(Name of Regi	stered Agent)
hereby resigns as Registered Agent for ISLES OF TAMARAC HOME	OWNER'S ASSOCIATION, INC.
(Name of Co	orporation)
745115	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporate	tion at its last known address.
The agency is terminated and the office discontinued on the 31st this statement is filed.	day after the date on which
	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Mauri Peyton, PL	
(Typed or Printed Name)	SEO TALL
Member	ZOIJ HAR 25 SECRETARY ALLAHASSE
(Capacity)	mc -
Foo for filing this documents	AT 7:46 DE STATE DE LORIDE
Fee for filing this document: \$87.50 - Active Corporation	6
\$35.00 - Administratively dissolved/ve	oluntarily dissolved/

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

withdrawn corporation