## 746263

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
| (Ac                     | idress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL.       |
| (Bu                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         | Office Use Or      | ilv         |



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

FEB 1 0 2015 T. CARTER

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Lake Keystve Pupe 4 Owners Association (Name of Corporation)                            |
| DOCUMENT NUMBER:   |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                        |
| Name of Person)  |
| (Name of Firm/Company)   |
| 18740 Wayne Rock   |
| (Address)  |
| Odrssy Fl 33556<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:                                     |
| Tames Swain at (813) 787-6447  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 15 FEB - 5 PM 2: 38 FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,   |
|---|
| Florida Statutes, the undersigned, (Name of Registered Agent)   |
| hereby resigns as Registered Agent for Lake Kryslin Ruse Quies Association. Inc. (Name of Corporation)  |
| (Document Number, if known)   |
| A copy of this resignation was mailed to the above listed corporation at its last known address.  |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent) |
| If signing on behalf of an entity:  |
| Lake Krystop Proper Owns Associal (Typed or Printed Name)   |
| Pers, di/   |
| (Capacity)  |

## 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