## 746466

(Requestor's Name)	_				
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(Address)					
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(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	7				
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Office Use Only



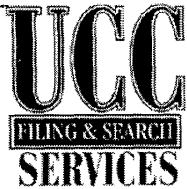
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UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

**HOLD** FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

## (S):

FILING & SEARCH				May 17, 2004
SERVICES			PRPORATION NAME (S) AND DOCUMER Isles Homeowners Assn., Inc.	MENT NUMBER (
Filing Evidence  ☑ Plain/Confirmation Copy			Type of Docume  ☐ Certificate of Sta	tus
□ Certified Copy			☐ Certificate of God	_
Retrieval Reque	<u>st</u>		☐ All Charter Docu Articles & Amen ☐ Fictitious Name	dments
□ Certified Copy			□ Other	
NEW FILINGS			AMENDMENTS	
Profit			Amendment	
Non Profit		X	Resignation of RA Officer/Director	<u> </u>
Limited Liability			Change of Registered Agent	]
Domestication			Dissolution/Withdrawal	
Other		İ	Merger	}
				-
OTHER FILINGS			REGISTRATION/QUALIFICATION	
Annual Reports			Foreign	
Fictitious Name			Limited Liability	
Name Reservation			Reinstatement	
Reinstatement			Trademark	
			Other	



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 17, 2004

UCC FILING & SEARCH SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: TAYLOR CREEK ISLES HOMEOWNERS ASSN., INC.

Ref. Number: 746466

We have received your document for TAYLOR CREEK ISLES HOMEOWNERS ASSN., INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$43.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 204A00034126

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60		• •	.509,		
orida Statutes, the undersigned, ATRIUM REGISTERED AGENTS, INC.  (Name of Registered Agent)					
hereby resigns as Registered Agent for _	TAYLOR CREEK	ISLES HOMEOWN f Corporation)	ERS ASSN., INC		
746466	(Name o	r Corporation)			
(Document Number, if known)	_				
A copy of this resignation was mailed to	the above listed corpo	oration at its last know	vn address.		
The agency is terminated and the office of this statement is filed.	discontinued on the 31		n which		
If signing on behalf of an entity:			ZZ TAĽ		
MALCOLM H. NEU	JWAHL		ZUUL MAY		
(1	Typed or Printed Name)		FII IARY ASSE		
PRESIDENT			LED PH EFF		
	(Capacity)		5: C		

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