## 747150

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
VALUATION AND A SECRETARY OF STATE

TAIL AHASSEE. FLORIDA

FEB 0 5 2016 A RAMSEY

## **COVER LETTER**

Division of Corporations
SUBJECT: SPANISH TSLES PROPERTY OWNERS' ASSOCIATION, IN (Name of Corporation)
DOCUMENT NUMBER: 747150
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:
Jay Steven Levine (Name of Person)
LEUINE LAW GROUP (Name of Firm/Company)
2500 N. Military TPAIL, Stc. 283
Buch Ratou Fl. 33 431 (City/State and Zip Code)
For further information concerning this matter, please call:
1 Ay Steven Levine at (561) 999-9925 (Name of Person) (Area Code & Daytime Telephone Number)

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

Enciosed 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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Discount to the municipus of sections 6	07.0502(2), 617.0502(2), 607.1509, of GIZAFASSEE,	· · 3. 14
Pursuant to the provisions of sections of	07.0302(2), 017.0302(2), 007.1309, 01 out 4,47355 F	PATE
Florida Statutes, the undersigned,	JAY S. LEUIUE (Name of Registered Agent)	CLORIDA
	(Name of Registered Agent)	
	SPANISH ISLES PROPERTY	
hereby resigns as Registered Agent for	OWNERS' ASSOCIATION, INC.	-
	(Name of Corporation)	
747150		
	<u> </u>	
(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:

JAY S. LEUINE (Typed or Printed Name) registere Jagent

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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