

750261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

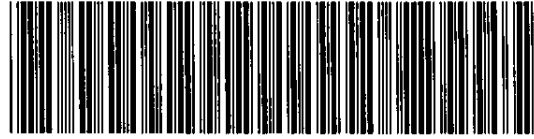
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300241489983

11/21/12--01017--020 \*\*87.50

11/27/12 RW  
RIARAS

12 NOV 21 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOWNGATE VILLAS HOMEOWNERS ASSOCIATION INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 750261

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:

LIONEL BARNET  
(Name of Person)

LIONEL BARNET, P.A.  
(Name of Firm/Company)

5040 NW 7th Street 5th Floor  
(Address)

Miami, Florida 33126  
(City/State and Zip Code)

For further information concerning this matter, please call:

LIONEL BARNET at ( 305 ) 342-2520  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, LIONEL BARNET  
(Name of Registered Agent)

hereby resigns as Registered Agent for TOWNGATE VILLAS HOMEOWNERS ASSN. INC.  
(Name of Corporation)

750261  
(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:

TOWNGATE VILLAS HOMEOWNERS ASSN. INC.  
(Typed or Printed Name)

REGISTERED AGENT  
(Capacity)

FILED  
12 NOV 21 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**