## 753935

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

Office Use Only



400336313064

11/07/19--01011--024 \*\*87.50

29191: '-7 Fit 9: 16

R. WHITE DEC 07 2019

## **COVER LETTER**

	Condominium A (Name of Corpora	ation)
DOCUMENT NUMBER: 753935	<u>-</u>	
The enclosed Resignation of Registere	d Agent for a Corpo	ration and fee are submitted for filir
Please return all correspondence conce	erning this matter to	the following:
Barbara J. Prasse, E	sq.	
(Name of Person)		_
Prasse Law		
(Name of Firm/Comp	any)	_
1000 North Ashley D	rive #512	
(Address)		_
Tampa, Florida 3360	2	
(City/State and Zip Co	ode)	_
For further information concerning this	s matter, please call	
Barbara Prasse	<sub>at (</sub> 813	258-4422 le & Daytime Telephone Number)
(Name of Person)	at (	lo & Dautimo Talanhana Mumbari

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 617,1309.		
Florida Statutes, the undersigned. Barbara J. Prasse			
(Name of Registered Agent)			
hereby resigns as Registered Agent for Sweetwater Oaks II Condominium Ass	ociation, Inc.		
(Name of Corporation)	<del></del>		
753935			
(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 t this statement is filed.  (Signature of Resigning Agent)	he date on which		
If signing on behalf of an entity:	29191:		
(Typed or Printed Name)	-7		
(Capacity)	9:		
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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