754119

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooking to the cooking to the cooki
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800278001788

10/15/15--01003--010 **35.00

OCT 1 5 2014

C. CARROTHERS

2815 OCT 15 PM 2: 08 SECRETARY OF STATE OF A BAGSEFLET ORIGIN

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bay Hill Village Club Conlominus ASSOC. INC (Name of Corporation)
DOCUMENT NUMBER: 754119
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)
ASC Property Services Inc. (Name of Firm/Company)
POBCX 196025 (Address)
Winter Springs FL 32719-6025 (Chy/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 625-4047 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ترو

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	09,
Florida Statutes, the undersigned, SCProperty Serves (Name of Registered Agent)	
hereby resigns as Registered Agent for Bay Hill Village Club Condition (Name of Corporation)	minum ASSOCTING
(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 this statement is filed.	which
	20 2
(Signature of Resigning Agent)	OCT I
If signing on behalf of an entity:	
(Typed or Printed Name)	PH 2: 08 OF STATE
Manay (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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