| (Re                                     | equestor's Name)  | <del></del> |  |  |  |  |
|---|-------------------|-------------|--|--|--|--|
| (Ad                                     | ldress)           |             |  |  |  |  |
| (Ad                                     | ldress)           |             |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |  |  |
| PICK-UP                                 | WAIT              | MAIL        |  |  |  |  |
| (Business Entity Name)                  |                   |             |  |  |  |  |
| (Document Number)                       |                   |             |  |  |  |  |
| Certified Copies                        | _ Certificate     | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |  |
|   |                   |             |  |  |  |  |
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|   |                   |             |  |  |  |  |

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JUL 24 2012 T. ROBERTS

## **COVER LETTER**

|           | Amendment Section Division of Corporations   |    |
|-----------|--|----|
| ı         | or corporations  |    |
| SUBJE     | CT: MARCO DRAINAGE ASSOCIATION, INC.   |    |
|           | (Name of Corporation)  |    |
| DOCUN     | MENT NUMBER: 754581  |    |
| Γhe encl  | losed Resignation of Registered Agent for a Corporation and fee are submitted for filing | g. |
| Please re | eturn all correspondence concerning this matter to the following:                        |    |
| Vivien    | N. Hastings  |    |
| *,*,*     | (Name of Person)   |    |
| WOLO      | Communities, LLC   |    |
|           | <u> </u>   |    |
|           | (Name of Firm/Company)   |    |
| 24301     | Walden Center Drive  |    |
|           | (Address)  | •  |
| Bonita    | Springs, FL 34134  |    |
|           | (City/State and Zip Code)  |    |
| For furtl | ner information concerning this matter, please call:                                     |    |
| Ledia N   |  |    |
|           | (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 se                          | ctions ou  | 7.0302(2), 61 /.0302(2), 60 /.1309, 6F 61   | 7.1509,   |
|---|------------|---|---|
| Florida Statutes, the undersigne                          | d. Vivi    | en N. Hastings                              |   |
| , 5   | ,          | (Name of Registered Agent)                  |   |
| hereby resigns as Registered Ag                           | ent for    | MARCO DRAINAGE ASSOCIATIO                   | N, INC.   |
| north resigns as registered right for                     |            | (Name of Corporation)                       |   |
| 754581  |            |   |   |
| (Document Number, if know                                 | n)         | <del>-</del>                                |   |
| A copy of this resignation was a                          | nailed to  | the above listed corporation at its last kn | own address.  |
| The agency is terminated and the this statement is filed. | e office d | discontinued on the 31st day after the dat  | e on which  |
| · · · · · · · · · · · · · · · · · · ·                     | (Sign      | Last Hart Hart Hart Hart Hart Hart Hart Har | -   |
| If signing on behalf of an entity                         | :          |   | TASE & T  |
| VIVIEN N.   | HASTIN     | IGS   | 23  |
|   | T)         | yped or Printed Name)                       | <b>三</b>  |
| REGISTE   | RED AGI    | ENT   | 8: <b>58</b>  |
|   |            | (Capacity)                                  | a contract of the contract of |

## 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