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(Requestor's Name) (Address) (Address)	200379099732
(City/State/Zip/Phone #)	02/01/2201020024 ++87.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2022 FEB - 1 PH 2: 29 SECNE MARY OF STATE TALLAHASSEE, FL
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COVER LETTER

TO: Amendment Section Division of Corporations

THE TOWERS OF OCEANVIEW MASTER ASSOCIATION, INC.

500JECT		(Name of Corporation)	
DOCUMENT NUMBER	754882		

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:

Rhonda Hollander

(Name of Person)

¥

Hollander, Goode & Lopez PLLC

(Name of Firm/Company)

314 South Federal Highway

(Address)

Dania Beach FL 33004

(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Hollander

(Name of Person)

at (_____) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, HOLLANDER,GOODE, LOPEZ. PLLC (Name of Registered Agent) hereby resigns as Registered Agent for THE TOWERS OF OCEANVIEW MASTER ASSOCIATION. I (Name of Corporation)

754882

(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.

If signing on behalf of an entity:

SEC%
HASS
STATE

(Resigning Agent)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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