

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jwendel@pilka.com

REGISTERED AGENT RESIGNATION

HOLLINGSWORTH PLACE CONDOMINIUM ASSOCIATION, INC

Certificate of Status	0
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JUN 11 2019

S. YOUNG

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hollingsworth Place Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 755695

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:

Christopher M. Fear

(Name of Person)

GrayRobinson

(Name of Firm/Company)

One Lake Morton Drive

(Address)

Lakeland, Florida 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Fear

(Name of Person)

at (863) 284-2200

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, Christopher M. Fear

(Name of Registered Agent)

hereby resigns as Registered Agent for Hollingsworth Place Condominium Association, Inc.

(Name of Corporation)

755695

(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:

(Typed or Printed Name)

(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

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FILED
19 JUN 10 AM 9:07
TALLAHASSEE, FL
CLERK OF THE COURT