758524

(Requestor's Name)
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COVER LETTER

Division of Corporations	
SUBJECT: OCEANS WE.	ST HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: 7586	
The enclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
MARK, H. RUFF, E (Name of Person)	TSQ.
THE LAW OFFICES (Name of Firm/Compa	OF MARKH. RUFF, P.A.
630 N. WYMORE RO	2. STE 330
MAITLAND, FL 32 (City/State and Zip Co	751
For further information concerning this	matter, please call:
LILLIAN GARCIA (Name of Person)	at (407) 951-6679 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to thor \$35.00 for an administratively dissol	e Florida Department of State for \$87.50 for an active corporation lved, voluntarily dissolved or withdrawn corporation.
Amendment Section A Division of Corporations D Clifton Building P	lailing Address: mendment Section ivision of Corporations ost Office Box 6327 allahassee, FL. 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
	Florida Statutes, the undersigned, MARK H.RUFFESQ. (Name of Registered Agent)
	hereby resigns as Registered Agent for OCEANS WEST HOMEOWNERS (Name of Corporation) ASSOCIATION, IN
	758524
	(Document Number, if known)
L	A copy of this resignation was mailed to the above listed corporation at its last known address, $\frac{On}{7/16}$
	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:
	MARK H. RUFF, ESQ, THE LAWOFFICES OF (Typed or Printed Name) MARK H. RUFF, P.A.
	PRESIDENT Capacity)
	(Capacity) Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314