## 759860

(Requ	estor's Name)	
(Addre	ess)	<u> </u>
(Addre	ess)	
(City/s	State/Zip/Phone	<u>#</u>
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PICK-UP	MAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Greenwood Lake Unit 3 HOA (Name of Corporation)
DOCUMENT NUMBER: 759860
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:
dandra V. Dean (Name of Person)
Greenwas Lake Un: +3 HOA (Name of Firm/Company)
90.00 953184 (Address)
Lake Mary The (City/State and Zip Code)
For further information concerning this matter, please call:
Sondra V Dean at (407) 328- 20352 PA TO TO THE (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Sendra V. Dean (Name of Registered Agent)
hereby resigns as Registered Agent for Green Walter & Lakes Unit 3 HOA (Name of Corporation)
759860 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address 7
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)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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