## 762408

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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R. WHITE JAN 2 1 2021

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	Wekiva Country Club Villas, HOA Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: 762408
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
The	eresa Sutherland
	(Name of Person)
Su	therland Management, Inc.
	(Name of Firm/Company)
10	7 N. Line Drive
	(Address)
Аp	opka, FL 32703
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Th	eresa Sutherland (Name of Person) at (407) 774-7262 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

 $r_{ij} = r_{ij} + r$ 

	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Theresa Sutherland
	(Name of Registered Agent)
hereby resigns as Registered Agent	t for Wekiva Country Club Villas, HOA, Inc.
o, reagno ao regione e rigen	(Name of Corporation)
762408	
(Document Number, if known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the o	office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	~
	(Typed or Printed Name)
	1
	(Capacity)
Fee for	filing this document:
	- Active corporation

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/