769271

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
·	☐ WAIT	·
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	··
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000081897630

11/22/06--01008--001 **87.50

O6 NOV 22 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AKHAY Ankesian

COVER LETTER

FO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: Hyperion Farms Property Owners' Association, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: 769271	
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:	
Mario G. de Mendoza, III	
(Name of Person)	
Mario G. de Mendoza, III, P.A.	
(Name of Firm/Company)	
12765 Forest Hill Boulevard, Suite 1302	
(Address)	
Wellington, Florida 33414	
(City/State and Zip Code)	,
For further information concerning this matter, please call:	
Mario G. de Mendoza, III at (561) 784-2930	
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ma	ario G. de Mendoza, III, P.A.
,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Hyperion Farms Property Owners' Assoc., Inc.
, , ,	(Name of Corporation)
769271	
(Document Number, if known)	
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
If signing on behalf of an entity:	ZS S
Mario G. de Mend	loza, III
(Typed or Printed Name)
President	C PRICE CONTRACTOR OF STATE OF
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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