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Office Use Only

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S. YOUNG



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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE | Division of Corporations

August 29, 2017

ALLEN MYERS ST.THOMAS SQUARE 8730 THOMAS DRIVE PANAMA CITY BEACH, FL 32408

SUBJECT: VILLAS OF ST. THOMAS, I, CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 769669

We have received your document for VILLAS OF ST. THOMAS, I, CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 017A00017838

www.sunbiz.org

TO DO DOY COOF TO I

COVER LETTER

TO: Amendment Section Division of Corporations	1	
Villas of St Thoma	as I Condominium A	ssociation, Inc.
	(Name of Corporation	on)
DOCUMENT NUMBER: 76966	i9	
The enclosed Resignation of Regist	ered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to th	e following:
Allen Myers	II.	
(Name of Pers	ion)	
St. Thomas Square		
(Name of Firm/Co	mpany)	
8730 Thomas Drive		
(Address)		
Panama City Beac	า, FL 32408	
(City/State and Zi	p Code)	
For further information concerning	this matter, please call:	
Allen Myers	404	610-8963 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to \$35.00 for an administratively di	o the Florida Department ssolved, voluntarily disso	of State for \$87.50 for an active corporation of State for \$87.50 for an active corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, 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 soo	tions (07 0502/2) (17 0502/2) (07 1502	-0.0
	tions 607.0502(2), 617.0502(2), 607.1509, or 617.15	,09,
Florida Statutes, the undersigned	(Name of Registered Agent)	
	Villag of Ch. Theorem I O	1
hereby resigns as Registered Age	an ror	
⁷ 69669	(Name of Corporation)	
(Document Number, if known)		
A copy of this resignation was m	ailed to the above listed corporation at its last knows	n address.
The agency is terminated and the this statement is filed.	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)	SI SI
	(Capacity)	SEP 18 CHETARY CHANASSE
\$87.50	r filing this document: - Active Corporation - Administratively dissolved/voluntarily dissolved/withdrawn corporation	PH 3: 24 OF STATE E. FLORIDA
Make checks p	ivable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tollahorea, FL 22214	