

769680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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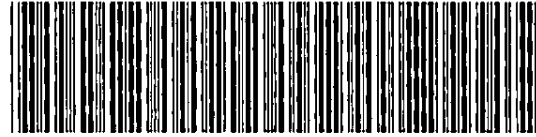
(Business Entity Name)

(Document Number)

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JAN 23 2019  
S. YOUNG

FILED  
19 JAN 15 AM 8:09  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 769680  
\_\_\_\_\_

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:

**David Hoffman**  
\_\_\_\_\_

(Name of Person)

Omega Community Management, Inc.  
\_\_\_\_\_

(Name of Firm/Company)

7145 Turner Road, Suite 101  
\_\_\_\_\_

(Address)

Rockledge, Florida 32955  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

**David Hoffman**  
\_\_\_\_\_

(Name of Person)

at (321) 757-7902

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, David Hoffman/Omega Community Management, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for CEDAR RUN OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.  
(Name of Corporation)

769680  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

*David Hoffman*  
(Signature of Resigning Agent)

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19 JAN 15 AM 8:09  
TALLAHASSEE, FLORIDA

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