770372

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(=	-,,	,
(Do	cument Number)	
·	ŕ	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Amendment S Division of Co		
SUBJI	ECT:	Eagles's Lan	anding Homeowners' Association, Inc.
			(Name of Corporation)
DOCL	MENT NUM	BER:	770372
The en	closed Resigna	ation of Registered	ed Agent for a Corporation and fee are submitted for filing
Please	return all corre	espondence concer	erning this matter to the following:
	Jo Ortiz	z, Records Admii	ninistrator
		(Name of Person))
	Sen	itry Managemen	net, Inc.
	(Na	ame of Firm/Compa	pany)
	2180 W. S	State Road 434,	1, Suite 5000
		(Address)	
	Long	wood, FI 32779-	9-5044
	(Ci	ity/State and Zip Co	Code)
For fur	ther informatio	on concerning this	is matter, please call:
•	Jo	Ortiz	at (407) 788-6700 ext. 227 (Area Code & Daytime Telephone Number)
	(Name	of Person)	(Area Code & Daytime Telephone Number)

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,	James W. Hart, Jr.			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	Eagle's Landing Homeowners' Assoc	iation,	Inc.	,
	(Name of Corporation)			
770372				
(Document Number, if known)				
A copy of this resignation was mailed to	o the above listed corporation at its last known	own ado	dress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on whi	ich	
		7. 1.1.	9	
	AM	CRE	1 APR 23	7
(Si	gnature of Resigning Agent)	TAR ASS	223	
If signing on behalf of an entity:		Y OF		
0	-4 M 4	FLO	AH II: 09	D
	ntry Management, Inc.		0	
	Typed or Printed Name)	= 1.1	w	
	President			
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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