

771186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

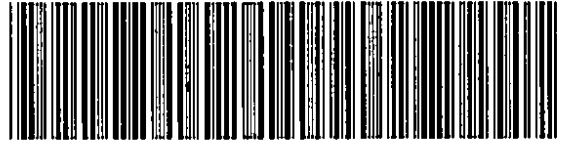
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700364365857

Resignation  
of RA

05/19/21--01013--010 \*\*87.50

2021 JUL 22 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

FILED

JUL 2 2 2021

A RAMSEY

# Fowler White Burnett

ATTORNEYS AT LAW

Miami | Fort Lauderdale | Palm Beach

**Laura Ross**

(305) 789-9226 direct

(305) 728-7526 fax

[lross@fowler-white.com](mailto:lross@fowler-white.com)

May 7, 2021

VIA FedEx

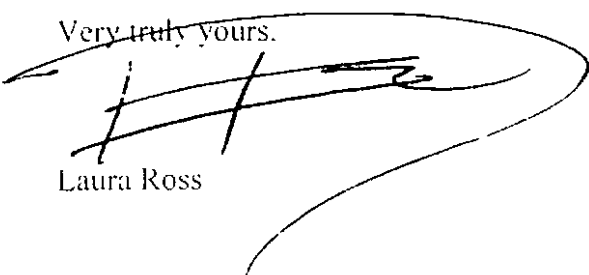
Florida Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Resignation of Registered Agent and Resignation of Officer  
Point View Association, Inc.  
Document Number: 771186

To Whom It May Concern:

Enclosed please find the Resignation of Registered Agent and Resignation of Officer for the above named company along with fees. Please return all correspondence concerning this matter to the undersigned. Thank you in advance for your assistance with this matter.

Very truly yours,

  
Laura Ross

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
2027 JUL 22 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or  
617.1509, Florida Statutes, the undersigned, EDDY LEAL P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for POINT VIEW ASSOCIATION, INC.

(Name of Corporation)

771186


(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.

\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

  
\_\_\_\_\_  
(Typed or Printed Name)

Director  
\_\_\_\_\_  
(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