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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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RA : Resign. 8/19/19

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COVER LETTER

то:	Amendment Section Division of Corporations		
SUBJ	Westlyn Pro		
DOC	UMENT NUMBER: F0000	(Name of Corporation (Name of	ion)
The e	nclosed Resignation of Regist	ered Agent for a Corpora	ation and fee are submitted for filing.
Please	e return all correspondence co	ncerning this matter to the	ne following:
<u>A.</u>	Jill C. McCrory, I		
	(Name of Pers	on)	
Мс	Crory Law Firm		
	(Name of Firm/Co	mpany)	-
309	9 Tamiami Trail		
	(Address)	-	-
Pu	nta Gorda, Florid	da 33950	
	(City/State and Zi	p Code)	-
For fu	irther information concerning	this matter, please call:	
Jill	McCrory	_{at} 941	205-1122 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enelo or \$3.	osed is a check made payable t 5.00 for an administratively di	o the Florida Departmen ssolved, voluntarily diss	it of State for \$87.50 for an active corporatio olved or withdrawn corporation.
Amer Divis Clifte 2661	t Address: Independent Section It is in the control of Corporations In Building Executive Center Circle In the control of Corporation of Corp	Mailing Address: Amendment Section Division of Corporatio Post Office Box 6327 Tallahassee, FL 32314	

CR2E046 (04/12)

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, Warren R. Ross
(Name of Registered Agent)
nereby resigns as Registered Agent for Westlyn Properties Limited, Inc.
(Name of Corporation)
F0000005543
(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 his statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity: Narren Ross (Typed or Printed Name) 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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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