NO0091

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VILLAS AT CYPRESS RUN-WEST QUIERS. ASSOCIATION, INC.
DOCUMENT NUMBER: NOOO 9 1
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:
WILL POWERS
(Name of Person)
(Name of Firm/Company)
3527 PALM HARBOR BLVD. (Address) (Address)
PALM HARBOR, FL 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAM POWERS at (417) 228-4181 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 6	517.1509,
111111111111111111111111111111111111	
hereby resigns as Registered Agent for VIII as at Cypress Kun- (Name of Corporation)	West OA, INC
1400091	
(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 distinction that this statement is filed.	late on which
(Signature of Resigning Agent)	7031
If signing on behalf of an entity:	
WILLIAM POWERS	- -
(Typed or Printed Name)	
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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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