

ND1000002695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

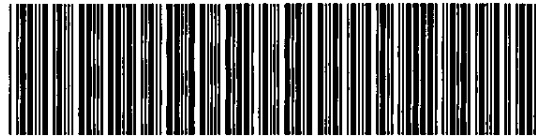
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*As scheduled
2x*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MONACO COMMUNITY ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N01000002695

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:

KEVIN DAVIS

(Name of Person)

COMMUNITY MANAGEMENT SPECIALISTS, INC.

(Name of Firm/Company)

1750 W. BROADWAY STREET STE 220

(Address)

OVIEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN DAVIS

(Name of Person)

at (407) 359-7202

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 JUL 30 PM 3: 33

**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, KEVIN M. DAVIS
~~COMMUNITY MANAGEMENT SPECIALISTS, INC.~~
(Name of Registered Agent)

hereby resigns as Registered Agent for MONACO COMMUNITY ASSOCIATION, INC.
(Name of Corporation)

N01000002695

(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:

KEVIN DAVIS

(Typed or Printed Name)

PRESIDENT-COMMUNITY MGMT. SPECIALISTS

(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withdrawn corporation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