

NO1000004155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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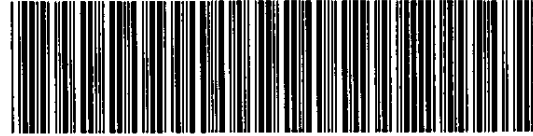
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 JUN - 6 PM 12:04

JUN - 8 2016

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cypress Trails Homeowners Association of Nassau, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N01000004155

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:

**Joshua Martin**

(Name of Person)

(Name of Firm/Company)

**85060 Bostick Wood Drive**

(Address)

**Fernandina Beach, FL 32034**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Joshua Martin**

(Name of Person)

at **904 432-8333**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2016 JUN -6 PM 12:04

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Joshua K. Martin

(Name of Registered Agent)

hereby resigns as Registered Agent for Cypress Trails Homeowners Association of Nassau, Inc.

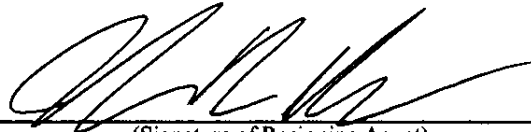
(Name of Corporation)

N01000004155

(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)

\_\_\_\_\_  
(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**