a2/13/2aa Florida Department of State Division of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H08000037065 3))) ID80000370653ABC3 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : MOLLOY & JAMES Account Number : I19990000116 Phone : (813)254-7157 Fax Number : (813)254-9601

REGISTERED AGENT RESIGNATION

RIVER GROVE ESTATES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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February 12, 2008

FLORIDA DEPARTMENT OF STATE

RIVER GROVE ESTATES HOMEOWNERS ASSOCIATION, INC. 325 SOUTH BLVD. TAMPA, FL 33606

SUBJECT: RIVER GROVE ESTATES HOMEOWNERS ASSOCIATION, INC. REF: N01000007588

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H08000037065 Letter Number: 408A00009168

ö ž 2008 FEB 13

P.O BOX 6327 - Tallahassee, Florida 32314

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. **A**

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: River Grove Estates Homeowners Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N0100007588

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:

Judith L. James

(Name of Person)

Molloy & James

(Name of Firm/Company)

325 S. Boulevard

(Address)

Tampa, FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Judith James at (<u>813</u>) 254-7157 (Name of Person) (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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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

N0100007588

(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.

ture of Resignin (Apent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

5

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