NO10 88

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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Ra Resignation

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--------------------|
| SUBJECT: Plantation Village I, Inc. | |
| (Name of Corporation) | |
| DOCUMENT NUMBER: N01088 | |
| 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: | |
| Theresa Sutherland (Name of Person) | |
| Sutherland Management Inc. (Name of Firm/Company) | |
| 107 N. Line Drive | 20 |
| (Address) | 원 (원) [20 JGH |
| Apopka, FL 32703 | # 26 26 |
| (City/State and Zip Code) | 3 2.5 |
| For further information concerning this matter, please call: | AMIL: 45 |
| Theresa Sutherland at 407 774-7262 | 5 O |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| | ions 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | |
|---|---|--------------------------|
| Florida Statutes, the undersigned. | Theresa Sutherland | |
| Tronda Granares, the analysis, | (Name of Registered Agent) | |
| hereby resigns as Registered Age | Plantation Village I, Inc. | |
| The resident as tropistored rigo | (Name of Corporation) | |
| N01088 | | |
| (Document Number, if known) | | |
| A copy of this resignation was ma | ailed to the above listed corporation at its last known address. | |
| The agency is terminated and the this statement is filed. | office discontinued on the 31st day after the date on which (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | CESA SUTHELLAND (Typed or Printed Name) AGENT (Capacity) | STATE TO STATE OF STATES |
| | V - Kunnah | .T. |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active corporation