

**N01591**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

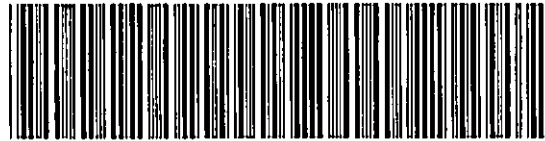
(Business Entity Name)

(Document Number)

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03/13/19--01003--006 \*\*87.50

2019 MAR 13 AM 10:47  
STATE OF MISSISSIPPI  
DEPT. OF REVENUE

MAR 25 2019  
C MON-AR

**COVER LETTER**

2019 MAR 13 AM 10:47  
CLERK OF COURT  
TALLAHASSEE, FL 32314

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chateau Village Condominium IV Association, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** N01591

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:

**Helen Kelley**

(Name of Person)

**Creative Management**

(Name of Firm/Company)

**6014 US Hwy 19 N Suite 100**

(Address)

**New Port Richey, FL 34652**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Helen Kelley**

(Name of Person)

at ( **727** ) **478-4909**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2013 MAR 13 AM 10:47  
RECEIVED  
TALLAHASSEE  
FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Denise Helbig

(Name of Registered Agent)

hereby resigns as Registered Agent for Chateau Village Condominium IV Association, Inc.

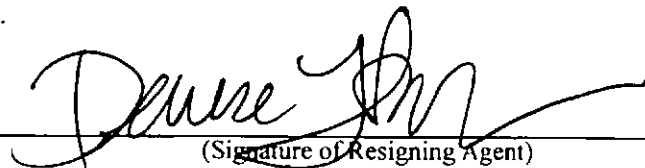
(Name of Corporation)

N01591

(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)

Licensed Community Association Manager

(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