

NO1761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

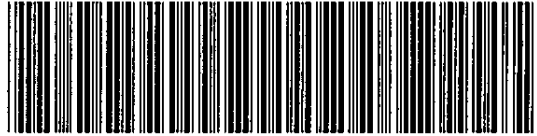
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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TL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WEKIVA Springs Office Park Owners Assoc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO1761

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Virginia Missy Love  
(Name of Person)

Protocol Services Inc.  
(Name of Firm/Company)

409 Montgomery Rd, Ste 115  
(Address)

Altamonte Springs, FL 32714  
(City/State and Zip Code)

For further information concerning this matter, please call:

Virginia Missy Love at (407) 862-4660  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State. (CIT-2026)

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Virginia Missy Love, hereby resign as Secretary  
(Title)

of WeKiva Springs  
(Name of Corporation)

NO1761, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Virginia Missy Love  
(Signature of resigning officer/director)

**FILED**  
**09 JUL 24 PM 1:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314