

NO20000001046

(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:

Office Use Only



400023762554

10/17/03--01100--005 **192.50

FILED
03 OCT 17 PM 1:48
TALLAHASSEE, FLORIDA

75 10/21/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLACK CREEK NEIGHBORHOOD ASSOC, INC.
(Name of Corporation)

DOCUMENT NUMBER: NO 2000001046

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:

Mrs Mae Fannin, President
(Name of Person)

Black Creek Neighborhood Assoc, Inc.
(Name of Firm/Company)

P.O. Box 799
(Address)

Tampa FL 32439
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty A Patton at (850) 835-1881
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JAMES CHATHAM

(Name of Registered Agent)

hereby resigns as Registered Agent for BLACK CREEK NEIGHBORHOOD ASSOCIATION, INC

(Name of Corporation)

NO 2000001046

(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.

James Chatham

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 OCT 17 PM 1:48

FILED

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withdrawn corporation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**