# N020000317S

(Re	equestor's Name)	<del></del>	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
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	. · ·		





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2024 JULY -6 MM 9: 24

#### **COVER LETTER**

	(Name of Person)	(Area Coo	de & Daytime Telephone Number)
Eric N	I. Appleton	813 at (	542-8888 )
For fi	urther information concerning this ma	tter, please call	:
	(City/State and Zip Code)		
Tampa	a. FL 33606		
	(Address)		_
215 N	. Howard Avenue, Ste. 200		
	(Name of Firm/Company)	<del></del> -	_
Apple	ton Reiss, PLLC		
	(Name of Person)		
Eric N	. Appleton		_
Please	e return all correspondence concernin	g this matter to	the following:
The e	nclosed Resignation of Registered Ag	gent for a Corpo	oration and fee are submitted for filing.
	UMENT NUMBER: N02000003175		
	•	Name of Corpora	ation)
SUBJ	ECT:		
	Division of Corporations		
TO:	Amendment Section		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	APPLETON REISS, PLLC		
Tiorida Statutes, the undersigned,	(Name of Registered Agent)		
hereby resigns as Registered Agent forIVY LAKE ESTATES ASSOCIATION, INC.			
neredy resigns as registered riger	(Name of Corporation)		
N02000003175			
(Document Number, if known)			
A copy of this resignation was ma	tiled 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:			
Eric N. Appleton	(Typed or Printed Name)		
	ф <u>_</u>		
Attorney			
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1. 32314