(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:	
	(

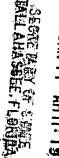
Office Use Only

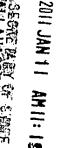
1- p.10



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500190713445 01/11/11--01002--015 **87.50





COVER LETTER

Division of Corporations		
SUBJECT: Buter Bay Unit One Homeowners Association		
(Name of Corporation)		
DOCUMENT NUMBER: N02000004946		
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:		
(Name of Person)		
Community Management Professionals		
(Name of Firm/Company)		
5401 South Kirkman Rd		
(Address)		
Orlando, FL 32819		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Patty at (407) 903-9969 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 66	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Sp	encer Solomon
, , , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Butler Bay Unit One Homeowners Association, Inc.
	(Name of Corporation)
N02000004946	
(Document Number, if known)	_
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
this statement is filed.	dispontinued on the 31st day after the date on which
If signing on behalf of an entity: 5PENCE	a solomon
REG. 96	ENT ENT
(Document Number, if known) A copy of this resignation was mailed to The agency is terminated and the office this statement is filed. (Significant of an entity: SPENCE	discontinued on the 31st day after the date on which gnature of Resigning Agent) Typed or Printed Name)

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