## N020005272

(Re	questor's Name)	
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Mesignation

04/06/09--01060--012 \*\*87.50

2009 APR -6 PM 1: 3: SECRETARY OF STATE

ADR 419 log

## **COVER LETTER**

Division of Corporations	
SUBJECT: Chepstow Mews Homeowners Association, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: N0200005272	
The enclosed Resignation of Registered Agent for a Corporation and fe	e are submitted for filing.
Please return all correspondence concerning this matter to the following	j:
Kathy R. Davis	
(Name of Person)	
Saavedra, Pelosi, Goodwin & Hermann, A.P.A.	
(Name of Firm/Company)	
312 S.E. 17th Street, Second Floor	
(Address)	
Fort Lauderdale, Florida 33316	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kathy R. Davis at ( 954 ) 767-63	33
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## FILED

## RESIGNATION OF REGISTERED ACCOMPR -6 PM 1: 33

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ally	yson D. Goodwin, Esq.
Tiorida Statates, the undersigned,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Chepstow Mews Homeowners Association, Inc. (Name of Corporation)
N02000005272	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
ale	lyson D. Sordwin Esq.
If signing on behalf of an entity:	gnature of Resigning Agent) as attorney in face
	Typed or Printed Name)
	·
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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