## N0200000118

(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 Filling Officer:  Norma Advise to Luminu Shareholder Tham Capacity Benneth Direkter is Leon on & Jen the Jihm Julik G
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## **COVER LETTER**

Division of Corporations	S
SUBJECT: Golf Loc	dges At Southpointe Association, Inc.
DOCUMENT NUMBER:	#N02000006618
The enclosed Resignation of Reg	gistered agent for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Carmen Si (Name of Pers	· · · · · · · · · · · · · · · · · · ·
Becker & Poliako (Name of Firm	
1850 Fountainviev (Address)	w Blvd. Ste #103
Port St. Lucie, FL (City/State an	
For further information concerni	ng this matter, please call:
Carmen Sierra (Name of Person)	at ( 772 ) 871-9320  (Area Code & Daytime Telephone Number)
	le to the Florida Department of State for \$87.50 for an active ninistratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section	Mailing Address: Amendment Section

Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

CR2E046(08/05) PSL\_DB: 1013\_1

Division of Corporations

Clifton Building Tallahassee, FL 32301

TO:

Amendment Section

## 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 <u>Becker &amp; Poliakoff, P. A.</u>
(Name of Registered Agent)
hereby resigns as Registered Agent for <u>Golf Lodges At Southpointe Association</u> , Inc.
(Name of Corporation)
N02000006618
(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.
$\mathcal{M}(O \supset$
(Signature of Resigning Agent)
10 1 1 1 10 10 10 m matters
If signing on behalf of an entity:
Managath C. Divelston
Kenneth S. Direktor
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ Withdrawn corporation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

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