

N02 000007450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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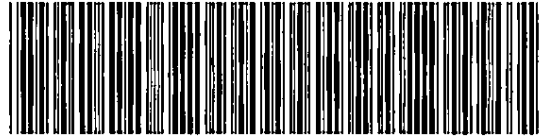
(Business Entity Name)

(Document Number)

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2021 SEP 13 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler
9/27/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF REGISTERED AGENT

(Name of Corporation)

DOCUMENT NUMBER: N02000007450

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:

KELLY MCGUIRE

(Name of Person)

SUMMERWOOD VILLAS COMMUNITY ASSOCIATION, INC.

(Name of Firm/Company)

5623 REAGAN AVE

(Address)

TITUSVILLE, FL 32780

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID HAFIZI _____ at (321) 288-8216
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SEP 13 AM 7:23
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, DAVID HAFIZI

(Name of Registered Agent)

hereby resigns as Registered Agent for SUMMERWOOD VILLAS COMMUNITY ASSOCIATION, INC

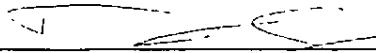
(Name of Corporation)

N02000007450

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

DAVID HAFIZI

(Typed or Printed Name)

REGISTERED AGENT

(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**