(Requestor's Name)
(Address)
(Address)
(Addiess)
(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



800320755688

11/16/18--01012--016 **87.50

2010 NOV 16 P 1: 24

159 27 TT

Mosen

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CURLEW TRAILS HOMEDWNED ASSOCIATION. IN (Name of Corporation)
DOCUMENT NUMBER: <u>№ 020000750 /</u>
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:
VACK HANSON (Name of Person)
(Name of Person)
(Name of Firm/Company)
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
VACK HANSON at (407) 228 - 4181 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, TACK HANSON (Name of Registered Agent)
hereby resigns as Registered Agent for CURLEW TRAILS HOMEOWNER (Name of Corporation) ALAD MODE TED (
100200007307
(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: ACK HANSON (Typed or Printed Name)
(Typed of Timed Name)
(Typed or Printed Name) PRESIDENT (Capacity)
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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