

NOA 983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

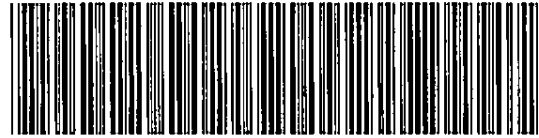
(Document Number)

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S. YOUNG

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17 SEP 18 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2017

ALLEN MYERS  
ST. THOMAS SQUARE  
8730 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

SUBJECT: PLAZAS OF ST. THOMAS, I, CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N02983

We have received your document for PLAZAS OF ST. THOMAS, I, CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 117A00017839

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Plazas of St Thomas I Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N02983

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:

Allen Myers

(Name of Person)

St. Thomas Square

(Name of Firm/Company)

8730 Thomas Drive

(Address)

Panama City Beach, FL 32408

(City/State and Zip Code)

For further information concerning this matter, please call:

Allen Myers

(Name of Person)

at ( 404 ) 610-8963

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, Loraine A. Blue

(Name of Registered Agent)

hereby resigns as Registered Agent for Plazas of St. Thomas V Condominium Association, Inc.

(Name of Corporation)

**N02983**

(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:

(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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TALLAHASSEE, FLORIDA