## \*N0300000 2523

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
, 		
	Office Line Onl	



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SECRETARY OF STATE
ANASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Pon 2a Place Home Owners Inc. (Name of Corporation)
DOCUMENT NUMBER: 103 00000 2523
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:
Lind H Grime Con (Name of Person)
Pons-A Place Ho A (Name of Firm/Company)
4095 Pouza Place
hall worth fla 33422 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ()  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

AND SHOP OF

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	O	-1	
Florida Statutes, the undersigned, (Name of Registered Agent)	linda	Shoul	ľ
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, (Name of Registered Agent)  hereby resigns as Registered Agent for for form (Name of Corporation)	ncerc	assa. Enc	Ľ
M 0 3 0 0 0 0 0 2 5 2 3 (Document Number, if known)			_
A copy of this resignation was mailed to the above listed corporation at its last known add	ress.		
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)		sk.	
If signing on behalf of an entity:			
(Typed or Printed Name)			
(Capacity)	SECRETARY TALLAHASSE	FILE	
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	TARY OF	FILED	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation