N03000002716

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

IO:	Division of Corporations	
SUBJ	THE ESTUARY OWNERS' ASSOCIATION, INC.	
., .,	ECT: (Name of Corporat	ion)
	DAGENER NU DAGED : NO3000002716	
The e	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	he following:
	(Name of Person)	-
COMN	MUNITY MANAGEMENT ASSOCIATES, INC.	
	(Name of Firm/Company)	•
1465 8	Northside Dr., Ste. 128	
	(Address)	•
Atlanta	a, GA 30318	
	(City/State and Zip Code)	•
For fu	orther information concerning this matter, please call:	
	404 at (835-9108
	(Name of Person) (Area Code)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

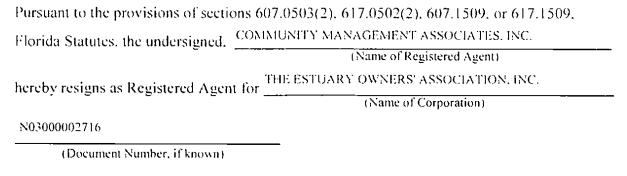
Mailing Address:

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



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:

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	SOCIATION, INC.	
 	(Name of Corpora	ition)
DOCUMENT NUMBER: N03000002710	6	
The enclosed Resignation of Registered	d Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence conce	rning this matter to	the following:
(Name of Person)		_
COMMUNITY MANAGEMENT ASSOCIAT	TES, INC.	
(Name of Firm/Compa	iny)	_
1465 Northside Dr., Ste. 128		
(Address)		_
Atlanta, GA 30318		
(City/State and Zip Co	ode)	-
For further information concerning this	matter, please call:	
	404 at (835-9108
(Name of Person)	(Area Cod	e & 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

Pursuant to the provisions of secti-	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	COMMUNITY MANAGEMENT ASSOCIATES, INC.
The following the undersighted.	(Name of Registered Agent)
hereby resigns as Registered Agen	THE ESTUARY OWNERS' ASSOCIATION, INC.
fictory resigns as Registered Agen	(Name of Corporation)
N03000002716	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date on which
James	(Signature of Resigning Agent)
If signing on behalf of an entity:	, ,
Dennis F. Hoffman	
	(Typed or Printed Name)
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, F1. 32314