(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
CORPORATE PARK OF CORAL SPRINGS
SUBJECT: PROPERTY OWNER'S ASSOCIATION INC.
CORPORATE PARK OF CORAL SPRINGS SUBJECT: PROPERTY OWNER'S ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: NO30000 3702
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:
RALPH MERRITT (Name of Person)
(Name of Firm/Company)
2325 NW 102 PLACE (Address)
MIAMI FL 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
RALPH MERRITT at (305) 477-8100 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

14 AUG - 1 PH 4: 11

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PAUL F. CAWLEY (Name of Registered Agent)
hereby resigns as Registered Agent for CORPORATE PARK, OF CORAL SPRINGS (Name of Corporation), INC
N0300000 3702 (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 Agenty
If signing on behalf of an entity:
PAUL F. CAWLEY (Typed or Printed Name)
EXECUTIVE DIRECTOR

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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