N0300005809

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(Requestor's Name)	
(Address)	900432054929
(Address)	
(City/State/Zip/Phone #)	07/01/2401002017 **87.50
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2. Lefeavers
	2024 J.
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June 24, 2024

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please process the attached form for our resignation as Registered Agent for **Southway Villa Homeowners Association, Inc.,** document number **N03000005809** at your earliest opportunity.

Enclosed is check #73176 for \$87.50 made payable to the Florida Department of State.

If you have any questions or complications, please contact me, David Batan, at dbatan@clayton-mcculloh.com or by phone at 407-875-2655, x151.

Thank you,

David Batan

Coordinator of Client Services

Maitland, FL 32751 Phone: (407) 875-2655 Melbourne Office: Suntree/Viera Phone: (321) 751-3449

Fax: (321) 773-9681 Toll Free: (888) 793-1486

COVER LETTER

INC.
n)
on and fee are submitted for filing.
following:
875-2655 x151
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Russell E. Klemm, Esq.
Torrad Statutes, the allactorgreat,	(Name of Registered Agent)
nereby resigns as Registered Agen	SOUTHWAY VILLA HOMEOWNERS ASSOCIATION, INC.
neredy resigns as Registered Agen	(Name of Corporation)
N03000005809	
(Document Number. if known)	_
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the other statement is filed.	(Signature of Resigning Agent)
If signing on behalf of an entity:	2024 JUL
	(Typed or Printed Name)
	· -

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)