10300008453

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

0



200240220462

10/03/12--01010--001 **87.50

10/8/12 RW.

12 0CT -3 AM 3: 22

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MAIN STREET MASTER PROPERTY OWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: 103 00000 8 453
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:
Richard Huber (Name of Person)
(Name of Firm/Company)
1311 N. Church Ave
Tampa, FL 33607 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (S(3) 876 8326 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, CRAMER, HABER 4-MCDONALD, P.A. (Name of Registered Agent)
hereby resigns as Registered Agent for MAIN STREET WASTER PROTECTLY COUNTRY KSOCIATION, (Name of Corporation)
NO3 00000 8453 (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)
PRESIDENT Right of an entity: Richard M. HABOR (Typed or Printed Name) Richard M. HABOR (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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