

No300000 8635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

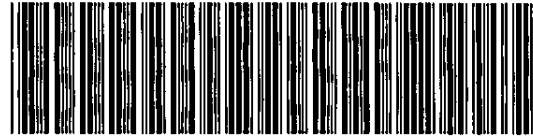
(Business Entity Name)

(Document Number)

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10/25/13--01011--017 \*\*87.50

FILED  
13 OCT 25 PM 5:00  
CLERK OF SUPERIOR COURT  
JANUARY 2014

PA Resign.

10/30/13

LC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Estero Palms Homeowners Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N03000008635

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:

Robert Van Teeffelen  
(Name of Person)

Summit Management Group of FL, LLC  
(Name of Firm/Company)

3530 Kraft Road, Suite 204  
(Address)

Naples, FL 34105  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Van Teeffelen at ( 239 ) 434-6222  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Summit Management Group of FL, LLC

(Name of Registered Agent)

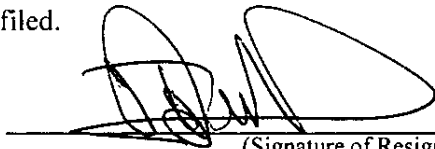
hereby resigns as Registered Agent for Estero Palms Homeowners Association, Inc.  
(Name of Corporation)

N03000008635

(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)

If signing on behalf of an entity:

Robert Van Teeffelen

(Typed or Printed Name)

Vice President / Controller

(Capacity)

FILED  
13 OCT 25 PM 5:00  
TALLAHASSEE, FL

**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**