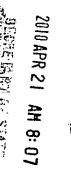


(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
· (D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	$\gamma \gamma \lambda$
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04/21/10--01019--005 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Bahamas West IV 0	wners Association, Inc. (Name of Corporation)
DOCUMENT NUMBER:	N03853
The enclosed Resignation of Register	red Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Jack G. Williams	
(Name of Perso	n)
Jack G. Williams, Attorney a	t Law
(Name of Firm/Con	npany)
Post Office Box 2176 (Address)	
(Audiess)	
Panama City, FL 32402	C-1-)
(City/State and Zip	
For further information concerning the	ns matter, please call:
Jack G. Williams (Name of Person)	at (850) 763-5368 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively diss	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,
lorida Statutes, the undersigned, Jack G. Williams
(Name of Registered Agent)
ereby resigns as Registered Agent for Bahamas West IV Owners Association, Inc.
(Name of Corporation)
NO3853
(Document Number, if known)
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 his statement is filed.
Jan
(Signature of Resigning Agent)
signing on behalf of an entity:
(Typed or Printed Name)
$m{\prime}$
(Capacity)
\ - "F \ /

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