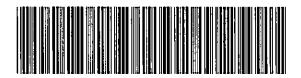
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(Re	questor's Name)	
(Address)		
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(Cit	ry/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)		
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Ra Rosignation

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Royal Palms of Laguna Beach Shores Homeowners' Association, Inc. (Name of Corporation)	
DOCUMENT NUMBER: N0400000672	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f	īling.
Please return all correspondence concerning this matter to the following:	
Jane E. Kerrigan (Name of Person)	
Harrison Sale McCloy (Name of Firm/Company)	Ą
35008 Emerald Coast Parkway, Suite 500 (Address)	4 July 1
Destin, Florida 32541 (City/State and Zip Code)	TA MAIN 3A
For further information concerning this matter, please call:	보고 함께
Jane E. Kerrigan (Name of Person) at (850)650-0010 (Area Code & Daytime Telephone Number)	10 T

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. William W. (Bill) Honeycutt (Name of Registered Agent)
hereby resigns as Registered Agent for Royal Palms of Laguna Beach (Name of Corporation) HOA
NO400000 67 2 (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:
(Typed or Printed Name)
(1 yped or Printed Name) (1 yped or Printed Name) (2 yped or Printed Name) (3 yped 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)