

N04 0000000672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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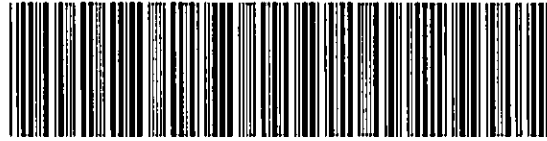
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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RA Resignation

JUL 20 2017

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Royal Palms of Laguna Beach Shores Homeowners' Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000000672

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:

Jane E. Kerrigan  
(Name of Person)

Harrison Sale McCloy  
(Name of Firm/Company)

35008 Emerald Coast Parkway, Suite 500  
(Address)

Destin, Florida 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane E. Kerrigan at ( 850 ) 650-0010  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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

NO4000000672  
(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.

William W. Honeycutt  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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DIVISION OF CORPORATIONS  
17 JUL 17 AM 10:38

**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**