

NO4000002013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

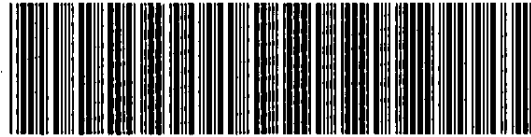
(Document Number)

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06/28/10--01042--003 **35.00

07/13/10--01003--032 **52.50

RA (sup)

FILED
10 JUL 12 PM 2:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2010

PATTI STEVENS
COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD
ORLANDO, FL 32819

SUBJECT: SOLVINO AT LAVINA HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N04000002013

We have received your document for SOLVINO AT LAVINA HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 210A00015864

RECEIVED
JUL 02 2010
BY:

RECEIVED
2010 JUL 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Soleno at La Vina Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO4000002013

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:

Patti Stevens
(Name of Person)

Community Management Professionals, Inc.
(Name of Firm/Company)

5401 S. Kirkman Rd., #450
(Address)

Orlando, FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

Patti Stevens at 407, 903-9969
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
10 JUL 12 PM 2:54
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Community MGMT Professionals

(Name of Registered Agent)

hereby resigns as Registered Agent for

Solvino at Solvino Homeowners Association, Inc.

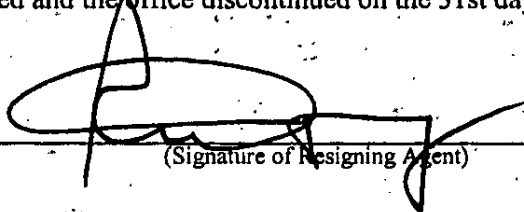
(Name of Corporation)

NO4000002013

(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)

Ron Duprey

President

(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