# N04000002068

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2015

SHARON LOCKAMY TCB PROPERTY MANAGEMENT 137 S. COURTENAY PARKWAY, #683 MERRITT ISLAND, FL 32953

SUBJECT: PALMETTO HOMEOWNERS ASSOCIATION OF BREVARD

COUNTY, INC.

Ref. Number: N0400002068

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 815A00020574

#### **COVER LETTER**

TO: Amendment Section Division of Corporations Palmetto Homeowners of Brevard County, Inc. (Name of Corporation) DOCUMENT NUMBER: N04000002068 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: Sharon Lockamy (Name of Person) TCB Property Management (Name of Firm/Company) 137 S. Courtenay Pkwy, #683 (Address) Merritt Island, FL 32953 (City/State and Zip Code) For further information concerning this matter, please call: Sharon Lockamy (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 $60/.0502(2)$ , $61/.0502(2)$ , $60/.1509$ , or $61/$	.1509,
Florida Statutes, the undersigned, Leland Management, Inc.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for    Name of Registered Agent),   Palmetto Homeowners of Brevard C	ounty, Inc.
(Name of Corporation)	
N0400002068	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.  When the date of	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	320 27
Rebecca Furlow	OCT P
(Typed or Printed Name)	TIZ PH
Agent	
(Capacity)	<b>1: 20</b> SI <b>X</b> 1E ELO≆EL

### 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