

NO40000003952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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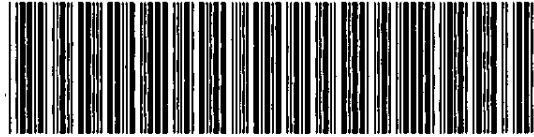
(Business Entity Name)

(Document Number)

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RALRES
@ 5/24/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAke Pointe AT Totto HbA, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO4000003952

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:

Beth Palmer
(Name of Person)

Property FIRST, Inc.
(Name of Firm/Company)

221 Walton Heath Dr.
(Address)

Orlando, FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

Beth Palmer at (407) 282-6795
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 23 AM 8:46

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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, PROPERTY FIRST, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for

LAKE POINTE AT TOLLO Homeowners
ASSOCIATION, Inc.

(Name of Corporation)

NO 40000003952

(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.

Beth Palmer
(Signature of Resigning Agent)

If signing on behalf of an entity:

Beth Palmer.
(Typed or Printed Name)

Registered AGENT
(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withdrawn corporation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