

N04 000004993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

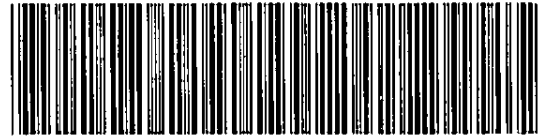
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100302548731

08/17/17--01010--016 \*\*87.50

FILED  
CLERK OF STATE  
17 AUG 17 PM 6:41  
OFFICE OF THE CLERK OF STATE

Ra Resignation

AUG 22 2017

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** METROPOLITAN AT LAKE EOLA CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000004993

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:

**PATRICK H WILLIS ESQ**  
(Name of Person)

**WILLIS & ODEN PL**  
(Name of Firm/Company)

2121 S HIAWASSE ROAD, SUITE 116  
(Address)

**ORLANDO, FL 32835**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**PATRICK H WILLIS ESQ** at **407 903-9939**  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
STATE  
DIVISION OF CORPORATIONS  
17 MAR 17 PM 4:41

**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, PATRICK H. WILLIS ESQ

(Name of Registered Agent)

hereby resigns as Registered Agent for METROPOLITAN AT LAKE EOLA CONDOMINIUM ASSOCIATION, INC.

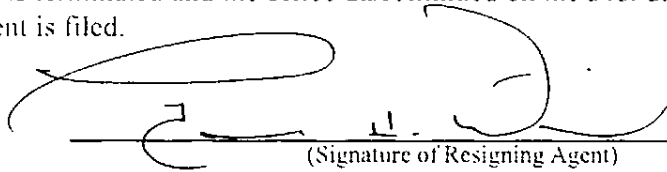
(Name of Corporation)

N04000004993

(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)

\_\_\_\_\_  
(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

17 APR 17 PM 4:11  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS