

ND40000006112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

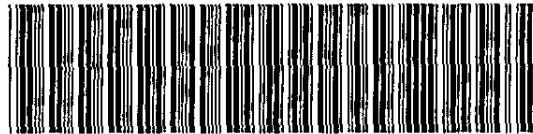
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

\$ 87.50



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05 JUN 29 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 13, 2005

Laura J. Tindall
3780 A Road
Loxahatchee, FL 33470

SUBJECT: COMMITTEE TO INCORPORATE LOXAHATCHEE GROVES INC
Ref. Number: N04000006112

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 505A00041020

3780 A Road
Loxahatchee, FL 33470

Phone: 561-795-1965

June 25, 2005

Susan Payne, Senior Section Administrator
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Letter Number 505A00041020; Committee to Incorporate Loxahatchee Groves, Inc.; Ref
Number N04000006112

Dear Ms. Payne:

Enclosed are completed forms for resignations and a check for \$227.50 to cover the filing fees.

<u>Office</u>	<u>Person</u>	<u>Address in Loxahatchee, FL 33470</u>	<u>Filing Fee</u>
Registered Agent	Laura J. Tindall	3780A Road	\$87.50
VP/S	Doreen Baxter	13402 North Road	\$35.00
T/D	Laura Tindall	3780 A Road	\$35.00
D	Pia Star	14895 24 th Circle North	\$35.00
Total Filing Fees			<u>\$192.50</u>

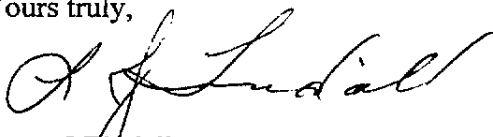
Please remove the "Principal Address" of 13402 North Road as that is the address of resigned
VP/S Doreen Baxter.

Please remove the "Mailing Address" of 3780 A Road as that is the address of the resigned
Registered Agent.

If you have any questions, please contact me by writing or calling 561-795-1965.

Thank you for your assistance in this matter.

Yours truly,


Laura J Tindall

← Advise
cannot
do -
Ego

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Committee to Incorporate Loxahatchee
(Name of Corporation) Froves, Inc

DOCUMENT NUMBER: N 04000006112

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:

Laura Tidall
(Name of Person)

(Name of Firm/Company)

3780 A Road
(Address)

Loxahatchee FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Tidall at (561) 795-1965
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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, Laura F. Tidball

(Name of Registered Agent)

hereby resigns as Registered Agent for

Committee to Incorporate Hoxahatchee
(Name of Corporation) Proves, Inc

N04000006112

(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.

Laura F. Tidball
(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