

N04 000006657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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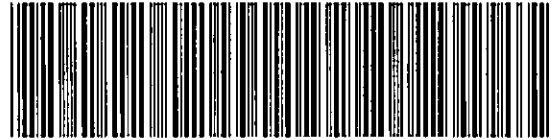
(Business Entity Name)

(Document Number)

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2020 APR 27 PM 4:45

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5/11/20

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Registered Office/Agent  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000006651  
\_\_\_\_\_

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:

GEOFFREY JONSSON, ESQ.  
\_\_\_\_\_  
(Name of Person)

c/o PALMA VISTA INVESTMENTS, LLC  
\_\_\_\_\_  
(Name of Firm/Company)

1651 WHITFIELD AVE, STE 200  
\_\_\_\_\_  
(Address)

SARASOTA, FL 34243  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Geoffrey Jonsson, Esq. at ( 941 359-9000 )  
\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, THE MELROSE MANAGEMENT PARTNERSHIP, L.L.C.

(Name of Registered Agent)

hereby resigns as Registered Agent for PALMA VISTA AT PALMA SOLA HOMEOWNERS' ASSOCIATION, INC.  
(Name of Corporation)

N04000006651

(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.

William Powers

(Signature of Resigning Agent)

If signing on behalf of an entity:

William Powers

(Typed or Printed Name)

President

(Capacity)

2020 APR 27 PM 4:45

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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