N04080008317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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RA Resign C.COULLIETTE

OCT 202008

EXAMINER

COVER LETTER

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2008

DOLLIE BOYD FLORIDA ASSOCIATION MANAGEMENT, INC. 102 PARK PLACE BLVD., STE. D2 KISSIMMEE, FL 34741

SUBJECT: COPPER RIDGE ESTATES OF POLK COUNTY HOMEOWNERS

ASSOCIATION, INC.

Ref. Number: N04000008317

We have received your document for COPPER RIDGE ESTATES OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC. 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend 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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

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Letter Number: 908A00052842

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, Dollie Boyd owner of Registered Agent) (Name of Registered Agent)
hereby resigns as Registered Agent for Copper Ride Estates of Polk County (Name of Corporation) Homeowners Association
NO40008317 (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.
Dellie Loy
(Signature of Resigning Agent)
If signing on behalf of an entity:
Typed or Pripted Name)
Capacity)
(capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation