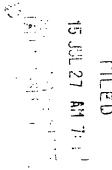
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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JUL 28 ZOTS
T. LEWIEUX

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, TACK HANSON (Name of Registered Agent) hereby resigns as Registered Agent for PORTO ROMAND AT MIROMAR I (Name of Corporation) HOMEO WNERS (Document Number, if known)	
(Name of Registered Agent)	,
hereby resigns as Registered Agent for YORTO KOMANO AT MIROMAR I	AKES
(Name of Corporation)	ASSNCIATINA
N0500002400	7/2000/11/10/
(Document Number, if known)	NC.
A copy of this resignation was mailed to the above listed corporation at its last known a	ddress.
	1 . 1
The agency is terminated and the office discontinued on the 31st day after the date on w	nich
this statement is filed.	
at n	
(Sgnature of Resigning Agent)	
If signing on behalf of an entity:	
1/2/16	•
VACK HANSON	
(Typed or Printed Name)	
<i>\(\)</i>	
MESIDENT	₹,
	ੁੱ ਯੋ
(Capacity)	F11
	5
Fee for filing this document:	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PORTO ROMANO AT MIROMAR LAKES HOMEOWNERS (Name of Corporation) ASSOCIATION INC.			
DOCUMENT NUMBER: N0500002400			
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:			
JACK HANSON (Name of Person)			
MELLOSE MANAGEMENT PARTNERSHIP (Name of Firm/Company)			
1600 W. COLONIAL DRIVE			
ORLANDO, FLORIDA 32804 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Name of Person) at (407) 228 - 418) (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 Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			