

NO50000003847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

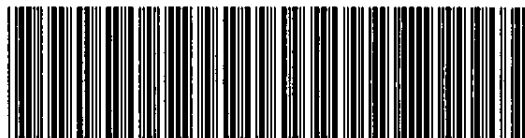
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271094727

03/30/15--01049--010 **\$50.00

FILED
15 MAR 30 PM 6:02
9101 7001 STATE
TALLAHASSEE FLORIDA

CRM
4-3-15

**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, VIVIEN N. HASTINGS

(Name of Registered Agent)

hereby resigns as Registered Agent for TOSCANA AT TUSCANY RESERVE MASTER CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

N05000003847

(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withdrawn corporation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**

FILED
15 MAR 30 PM 6:02
TALLAHASSEE, FLORIDA