## N0500004974

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
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RA Resign



UUL 23 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: The Refuge at Panacea Homeowners Association, Inc.	
(Name of Corporation)  DOCUMENT NUMBER: N05000004974	<u>-</u>
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the following:	
Mary Ellen Davis, Esquire  (Name of Person)	
Mary Ellen Davis Law Office  (Name of Firm/Company)	
Post Office Box 1720  (Address)	
Crawfordville, FL 32326 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Mary Ellen Davis (Name of Person)  at (850) 926-6003 (Area Code & Daytime Telephone Number	r <u>)</u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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, Mary Ellen Davis, Esquire
(Name of Registered Agent)
hereby resigns as Registered Agent for The Refuge at Panacea Homeowners Association two
(Name of Corporation)
N0500004974
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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