N05 000005355

(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:

Q SILAS

Office Use Only

500379594965

RECEIVED
JAN 18 2022

01/19/22--01017--018 **87.50

FILED
2022 JAN 18 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Enclave at Moss Park Homeowners Assocaition Inc
(Name of Corporation)

DOCUMENT NUMBER: N05000005355

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:

Nancy Hills
(Name of Person)

Association Solutions of Central Florida Inc
(Name of Firm/Company)

811 Mabette Street
(Address)

Kissimmee FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Hills at (407) 847-2280
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

2022 JAN 18 PM 2:41

SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

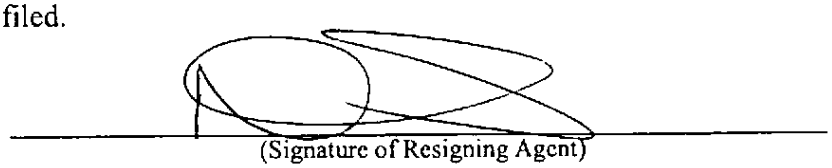
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Association Solutions of Central Florida Inc
(Name of Registered Agent)

hereby resigns as Registered Agent for The Enclave at Moss Park Homeowners Association,Inc.
(Name of Corporation)

N05000005355
(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:

Nancy Hills
(Typed or Printed Name)

Secretary / Treasurer
(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

CR2E046 (12/19)