## 

(Requestor's Name)  (Address)	800181851598
(Address)	
(City/State/Zip/Phone #)	06/14/1001056017 **87.50
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
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## WILLIAMS, SMITH & SUMMERS, P.A.

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CHRISTOPHER J. SMITH GARY L. SUMMERS ROBERT Q. WILLIAMS W. GRANT WATSON LINDSAY C. TAYLOR HOLT KAELY SMITH FRYE TELEPHONE: (352) 343-6655 FAX (352) 343-4267

June 10, 2010

Amendment Section
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: Lighthouse Plaza Property Owners Association, Inc.

**Document No. 05000008098** 

Dear Sir or Madam:

Enclosed is a Resignation of Registered Agent for a Corporation in connection with the above-referenced corporation. Along with a copy of this letter, I am forwarding a copy of the enclosed resignation to the corporation at its last known address. Also enclosed is our law firm check in the sum of \$87.50 representing the filing fee for the resignation.

Please file the enclosed resignation and remove my name and address as the registered agent and registered address for this corporation when the statutory time period has expired. Thank you for your attention to this matter.

Sincerely,

Gary L. Summers

GLS/ds Enclosure

c: Lighthouse Plaza Property Owners Association, Inc. Ray Horton, Senior Vice President, TD Bank, N.A.

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Gary L. Summers
(Name of Registered Agent)
hereby resigns as Registered Agent for Lighthouse Plaza Property Owners Association, Inc. (Name of Corporation)
N0500008098
(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
Swy L. Sum.  (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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