Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : G.L. HOMES Account Number : 120060000023

Phone Fax Number : (954)753-1730 : (954) 575-5295

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

steve.helfman@glhomes.com Email Address:

REGISTERED AGENT RESIGNATION THE PRESERVE AT BAY HILL ESTATES HOMEOWNERS **ASSOCIAT**

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COVER LETTER

10:	Division of Corporations	
SUBJ	ECT: The Preserve at Bay H	ill Estates Homeowners Association, Inc. (Name of Corporation)
		• •
DOC	UMENT NUMBER: N050	000010242
The en	nclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence cor	ncerning this matter to the following:
	Steven M. Helfr	man, Esq.
	(Name of Person	on)
	(Name of Firm/Co	mpany)
	1600 Sawgrass Corporate	Parkway, Suite 400
	(Address)	
	Sunrise, Florida	33323
	(City/State and Zip	
For fu	rther information concerning	this matter, please call:
	Steven M. Helfman	at (954) 753-1730
	(Name of Person)	at (954) 753-1730 (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to i.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.
Amen Divisi Cliftor 2661 J	Address: dment Section on of Corporations n Building Executive Center Circle assec, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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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,	Steven M. Helfman, Esq.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for The	e Preserve at Bay Hill Estates Homeowners Association, Inc. (Name of Corporation)	
N05000010242	•	
(Document Number, if known)		
A copy of this resignation was mailed to the	he above listed corporation at its last known address.	
The agency is terminated and the office disthis statement is filed.	scontinued on the 31st day after the date on which	
	W	
(Signa	ture of Resigning Agent)	
If signing on behalf of an entity:	ren M. Helfman, Esq.	
Stev	ren M. Helfman, Esq.	
	ped or Printed Name)	
	Registered Agent	
	(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