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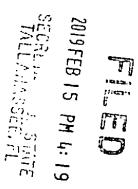
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R. WHITE FEB 1 9 2019

COVER LETTER

10:	Division of Corporations	
SUBJI	FCT. Emerald Lake Poinciana Homeow	ners Association, Inc.
001777	(Name of Corporat	ion)
DOCU	JMENT NUMBER: N0600004037	
The en	closed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	ne following:
Bar	bara Billiot Stage, Esq.	
	(Name of Person)	•
Sta	ge Law Firm P.A.	
	(Name of Firm/Company)	•
763	5 Ashley Park Court, Suite 503-T	
	(Address)	•
Orla	ando, FL 32835	
	(City/State and Zip Code)	
For fur	ther information concerning this matter, please call:	
Bar	bara Billiot Stage, Esq. at (321 (Area Code	,299-9412
	(Name of Person) (Area Code	& Daytime Telephone Number)
Enclos or \$35.	ed is a check made payable to the Florida Departmen.00 for an administratively dissolved, voluntarily diss	t of State for \$87.50 for an active corporat olved or withdrawn corporation.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 secti	ons 607.0502(2), 617.0502(2), 607.150	09, or 617.1509.
Florida Statutes, the undersigned.	Barbara Billiot Stage, Esq.	
	(Name of Registered A	gent)
hereby resigns as Registered Ager	Emerald Lake Poinciana Homeov	vners Association, Inc.
ficiety resigns as registered riger	(Name of Corporation	on)
N06000004037		
(Document Number, if known)		
A copy of this resignation was ma	illed to the above listed corporation at i	its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after	er the date on which
Bark	(Signature of Resigning Agent)	
If signing on behalf of an entity:		201 SE
Barbara Bi	illiot Stage, Esq.	2019FEB
	(Typed or Printed Name)	5 5
Registered	d Agent	PH L
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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