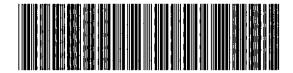
NDU0000004307

(F	Requestor's Name)				
A)	ddress)				
A)	ddress)	<u> </u>			
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

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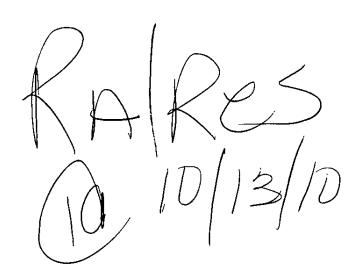


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SECRETARY OF STATE TAULAHASSEE: FLORIDA



COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Grayton Cove Home	eowners' Association, In	C.
		(Name of Corporation	n)
DOC	UMENT NUMBER: N006	3000004307	
The e	nclosed Resignation of Regis	tered Agent for a Corporat	tion and fee are submitted for filing.
Please	e return all correspondence co	oncerning this matter to the	e following:
Ron	ald W McCann		
-	(Name of Per	son)	
	(Name of Firm/Co	ompany)	
1328	3 N Ferdon Blvd. Ste. 321		
	(Address)		
Cres	stview, FL 32536		
	(City/State and Zi	p Code)	
For fu	rther information concerning	this matter, please call:	
Rona	ald W McCann	at (<u>850</u>)	226-8811
	(Name of Person)	(Area Code &	& Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to .00 for an administratively d	to the Florida Department issolved, voluntarily disso	of State for \$87.50 for an active corporation lved or withdrawn corporation.
Amen Divisi Clifto 2661	de Address: dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	s

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sec	tions 6	507.0502(2), 617.0502(2), 607.1509, or 617.	1509,		
Florida Statutes, the undersigned	ı. Ro	onald W McCann			
	,	(Name of Registered Agent)		_	
hereby resigns as Registered Agent for	Grayton Cove Homeowners' Association	on, Inc.			
,		(Name of Corporation)			
N06000004307					
(Document Number, if known)	<u> </u>			
A copy of this resignation was n	nailed t	to the above listed corporation at its last know	wn address	í .	
The agency is terminated and the this statement is filed.	office	e discontinued on the 31st day after the date of	on which		
Bar	rale	W. Mc Canning Agent)			
	(Si	ignature of Resigning Agent)			
If signing on behalf of an entity:					
			7	A AR	i
		(Typed or Printed Name)	3	SECRE IAND)]
			3	7	
					<u> </u>
•		(Capacity)			#C
				9	Ž
				6	

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