

N06000006530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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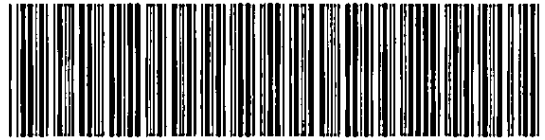
(Business Entity Name)

(Document Number)

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RIA Resion

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AVELAR CREEK SOUTH TOWNHOMES ASSOCIATION, INC.  
(Name of Corporation)

DOCUMENT NUMBER: N06000006530

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:

WILLIAM POWERS

(Name of Person)

MELROSE MANAGEMENT PARTNERSHIP

(Name of Firm/Company)

3527 PALM HARBOR BLVD

(Address)

PALM HARBOR, FL 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM POWERS

(Name of Person)

at (407) 228-4181

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MELROSE MANAGEMENT PARTNERSHIP  
(Name of Registered Agent)

hereby resigns as Registered Agent for AVELAR CREEK SOUTH TOWNHOMES  
(Name of Corporation)

NO6000006530  
(Document Number, if known) ASSOCIATION, INC.

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.

William Powers  
(Signature of Resigning Agent)

If signing on behalf of an entity:

WILLIAM POWERS  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

2021 JAN 19 PM 2:40

**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**