# N060000008010

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### **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	The Enclave at Wyndham Woods Homeowners Associati	
	(Name of Corporat	ion)
DOCU	JMENT NUMBER: N06000008010	
The er	nclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	ne following:
Carlos	Sabatina	
	(Name of Person)	
The En	aclave at Wyndham Woods Homeowners Association, Inc.	
	(Name of Firm/Company)	
380 Va	anguard Point	
	(Address)	•
Cassell	berry , FL 32707	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
Carlos	Sabatino at ( 407	3/0 - 6525 & Daytime Telephone Number)
	(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the	e provisions of sections $607.0503(2)$ , $617.0502(2)$ , $60$	17.1509, or 617.1509,
Florida Statute	es, the undersigned, Towers Property Management, Inc.	
	ered Agent)	
hereby resions	as Registered Agent for The Enclave at Wyndham Woods	Homeowners Association, Inc.
nercoy resigns	(Name of Corporation)	
N06000008010		
(Docum	ent Number, if known)	
A copy of this	resignation was mailed to the above listed corporation	n at its last known address.
The agency is	terminated and the office discontinued on the 31st da	y after the date on which
this statement	Donama Dis	<u></u>
	(Signature of Resigning Agent)	2022 RUW
If signing on b	ehalf of an entity:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	Benjamin Isip	
	(Typed or Printed Name)	
		ن د
	President	
	(Capacity)	<del></del>

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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