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(Re	questor's Name)	
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SECRETARY OF STATE

C. LEWIS

NOV 2 0 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Branch Ranch Estates Homeowner association inc (Name of Corporation)
DOCUMENT NUMBER: N 0 0000 9437
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:
Heather Kendall (Name of Person)
Brunch Ranch Estates Homeowner association inc (Name of Firm/Company)
PD Box 2503 (Address)
Land O Laces F1 34639 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (913) 760 7170 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

13 NOV 15 AM 11: 12

RESIGNATION OF REGISTERED AGENTECRETARY OF STATE FOR A CORPORATION TALLAHASSEE, FLORIDA

•	rovisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes,	the undersigned, David R. Horton
	(Name of Registered Agent)
hereby resigns as	Registered Agent for Branch Ranch Estates Homeowners Association, Inc.
	(Manie of Corporation)
N0600000	
(Document	Number, if known)
A copy of this re	signation was mailed to the above listed corporation at its last known address.
The agency is ter this statement is	rminated and the office discontinued on the 31st day after the date on which filed.
	D. O R. Hm
	(Signature of Resigning Agent)
If signing on beh	alf of an entity:
	DAUID R- HORTON (Typed or Printed Name)
	(Typed or Printed Name)
1 4 1	(Capacity)
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写真 囊	Fee for filing this document: \$87.50 - Active Corporation
Perk Perk Number	\$35.00 - Administratively dissolved/voluntarily dissolved/
	withdrawn corporation
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ib me or who has	Make checks payable to Florida Department of State and mail to:
\$ \$P(2)	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314
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NO PUBLIC NO	ELLEN ZIETTLOW tary Public - State of Florida tary Public - State of Florida
My (My	Comm. Expires Rp. 4 FF 189413
Bor	Commission & CE Ided Through National Notary Assn.

BTATE OF PLORIDA COLINTY OF HILLSBOROUGH