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From:

: FOX, WACKEEN, DUNGEY, SEELEY, SWEET, BEARD & SOBEL, LLP Account Name

Account Number: 076247002541 Phone

: (772)287-4444

Fax Number

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dsigafoose@foxwackeen.com Email Address:



REGISTERED AGENT RESIGNATION CENTENNIAL PARK AT LPGA INTENATIONAL **HOMEOWNERS'ASSO**

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Centennial Park At LP		eowners' Association, Inc.
DOCUMENT NUMBER: N06000	(Name of Corporati 0011400	on)
The enclosed Resignation of Register	red Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to th	ne following:
M. Lanning Fox		
(Name of Person	n)	
Fox, Wackeen, Dun		
(Name of Firm/Com	ipany)	
3473 SE Willoughby	Blvd.	
(Address)		•
Stuart, Florida 3499	4	
(City/State and Zip	Code)	•
For further information concerning th	is matter, please call:	
M. Lanning Fox	_{at (} 772	287-4444 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively diss	the Florida Department solved, voluntarily disse	t of State for \$87.50 for an active corporation olved or withdrawn corporation.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	ns

CR2E046 (04/12)

Mar. 1. 2016 10:48AM FOX WACKEEN DUNGEY 772-283-4637 H16000Q52971 No. 4537 P. 3 SECRETARY OF STATE OFFICE ATTEMS

16 MAR - 1 AM 9: 52

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, M. LANNING FOX
(Name of Registered Agent)
hereby resigns as Registered Agent for Centennial Park At LPGA Intenational Homeowners' Association, Inc.
(Name of Corporation)
N06000011400
(Document Number, if known)
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. Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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