NO6579

		1
(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(, ro	aress,	
(Cit	ty/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Palms Homeowners Ass	
•	ame of Corporation)
DOCUMENT NUMBER: N06579	
The enclosed Resignation of Registered Age	nt for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Theresa Sutherland	
(Name of Person)	
Sutherland Managemen	Inc.
(Name of Firm/Company)	
107 N. Line Drive	POSTED
(Address)	
Apopka, FL 32703	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Theresa Sutherland	at (407) 774-7262 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Flor or \$35.00 for an administratively dissolved.	rida Department of State for \$87.50 for an active corporatio voluntarily dissolved or withdrawn corporation.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 pr	ovisions of sectio	ns 607.	 0502(2), 617.0502(2), 607.1509, or 617	7.1509.		
Florida Statutes, the undersigned.			(Name of Registered Agent)			
hereby resigns as Registered Agent for		c Th	he Palms Homeowners Association			
		ior	(Name of Corporation)			
N06579						
(Document	Number, if known)					
A copy of this res	ignation was mail	led to th	ne above listed corporation at its last known	own ado	iress.	
The agency is terminate this statement is f		ffice di	scontinued on the 31st day after the date	on whi	ich	
	0	lus	x Sutherlan d	SEG	19 HAY 17	
	•	(Signa	ture of Resigning Agent)	THE STATE OF THE S	> -	T
If signing on beha	alf of an entity:			か <i>注</i> の <i>対</i> 円式	17	
				<u> </u>	<u>></u>	Y
	Theresa Su	ither	and		=	
		(Ту	ped or Printed Name)	7.0 7.7 7.7 7.7	AH 114 39	
	CEO			, , ,		
			(Capacity)	,		
			his document:			
			corporation			
	\$35.00 -		nistratively dissolved/voluntarily dissolv rawn corporation	red/		
		withdi	rawn corporation			
	Make checks pay		Florida Department of State and mail to:			

P.O. Box 6327 Tallahassee, FL 32314