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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	04,72
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#### **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	EDGEWOOD FOUR HOMEOWNE		
	·	Name of Corpor	ration)
DOC	UMENT NUMBER:		
The e	enclosed Resignation of Registered Ag	gent for a Corp	oration and fee are submitted for filing.
Pleas	e return all correspondence concernin	g this matter to	o the following:
GARY	Y I. HANDIN, ESQ.		
	(Name of Person)		<del>_</del>
GARY	Y I. HANDIN, P.A.		
	(Name of Firm/Company)		_
31111	UNIVERSITY DRIVE-SUITE 605		
	(Address)		_
CORA	AL SPRINGS, FLORIDA 33065		
	(City/State and Zip Code)		<del></del>
For fi	urther information concerning this ma	itter, please cal	l:
GAR	Y HANDIN	954 at (	796-9600
	(Name of Person)	(Area Co	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **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 provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ROBI	ERT A. LESSER
Tiorida Statutes, the undersigned,	(Name of Registered Agent)
	EDGEWOOD FOUR HOMEOWNER'S ASSOCIATION, INC.
hereby resigns as Registered Agent for	
	(Name of Corporation)
N07000001760	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
(Sig	gnature of Resigning Agent)
It signing on behalf of an entity:	
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	APR
(	Typed or Printed Name)
	<b>&gt;</b>
<u>-</u>	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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