## N07000002280

(Re	questor's Name)	
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, (Cit	ty/State/Zip/Phone	∍#)
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PICK-UP	WAIT	MAIL
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- (Bu	siness Entity Nan	ne)
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· (Do	cument Number)	-
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	•
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Office Use Only



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TALLAHASSEE, FLERIDA



## **COVER LETTER**

Amendment Section

Division of Corporations		•		
SUBJECT: Siena at Renaissand	ce Property Owners /	Association,	Inc.	
DOCUMENT NUMBER: N070			1	<del></del>
The enclosed Resignation of Regist	ered Agent for a Corpo	ration and fee	are submitte	ed for filing.
Please return all correspondence co	ncerning this matter to	the following	:	
Vivien N. Hastings		•		
(Name of Pers	on)	,		
WCI Communities, LLC	•		f	-
(Name of Firm/Co	mpany)	<u> </u>	•	
24301 Walden Center Drive, S	uite 300	÷	; :	
(Address)	· · ·	_		
Bonita Springs, FL 34134	٠	ન		
(City/State and Zip	Code)	•		
For further information concerning	this matter, please call:			
Ledia Metaj	at (239	<u>)</u> 498-832		•
(Name of Person)	(Area Coc	le & Daytime T	elephone Nur	nber)
Enclosed is a check made payable to or \$35.00 for an administratively di	o the Florida Departme ssolved, voluntarily dis	nt of State for ssolved or with	\$87.50 for a hdrawn corpo	nn active corporation oration.
Street Address:	Mailing Address:	•	d	
Amendment Section	Amendment Section		·	
Division of Corporations Clifton Building	Division of Corporati Post Office Box 6327	ions : 7		
2661 Executive Center Circle	Tallahassee, FL 3231			
Tallahassee, FL 32301	; ·		• !	

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pr	ovisions of sections 60	07.0502(2), 617.0502	(2), 607.1	509, or 61	7.1509,
Florida Statutes, t	he undersigned Viv	ien N. Hastings	ı		
i ioriaa Statates, t	ine undersigned,	(Name of Registered Agent)			
hereby resigns as	Registered Agent for	Siena at Renaissa	ance Prop	erty Owr	ners Associa
northy resigns as registered regent for		(Name	of Corporat	ion)	······································
N07000002286	6		1	·	
(Document	Number, if known)	_			
A copy of this res	ignation was mailed to	the above listed corp	ooration a	t its last kr	nown address.
The agency is tern this statement is f				ter the dat	e on which
	Uu	un N. H	estra		
	(Sig	gnature of Resigning Ager	nt)	,	_
If signing on beha	alf of an entity:	•			
	VIVIEN N. HASTII		•		
	(	Typed or Printed Name)			
ž.		•	.5	1	The state of the s
	REGISTERED AG	SENT:		:	_
•		(Capacity)			29
		-	:	÷	7

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