N07000006494

| (Rec | questor's Name) | |
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| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | · | |
| Special Instructions to F | -iling Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: Hampton Cove Homeowners' Association, Inc. | <u> </u> |
|---|-------------|
| (Name of Corporation) | |
| DOCUMENT NUMBER: N07000006494 | |
| 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: | |
| James E. Shepherd | |
| (Name of Person) | |
| Pohl & Short, P.A. | |
| (Name of Firm/Company) | |
| P.O. Box 280 | |
| (Address) | |
| Winter Park, Florida 32790 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| James E. Shepherd at (407) 647-7645 (Name of Person) (Area Code & Daytime Telephone Numb | |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Ch | ristopher Gardner | |
| Tiorida Salates, the andersigned, | (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | Hampton Cove Homeowners' Association (Name of Corporation) | Inc. |
| N07000006494 | | |
| (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 this statement is filed. | discontinued on the 31st day after the date on which | |
| Christopher J. | Sandrell gnature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| | | |
| | - | |
| (′ | Typed or Printed Name) | 5 |
| | | AUG |

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

(Capacity)