ND700008129

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	11. 10. 10. 10.
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
,		
		ļ

Office Use Only



700237821577

07/30/12--01004--003 **35.00

19 JUL 30 PH 2: 30

RARES
131/12

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sabal Palms South Property Owners Assoc, Inc.
DOCUMENT NUMBER: NO7 00008629
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:
George W. Marthews
Mathews & Piazza P.A. (Name of Firm/Company)
1325 S. Congress Ave, Scribe 104
Boynton Beach R 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
Jock Stuber at (501) 38.5501 (Name of Person) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Post Office Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, Goge W. Matthews, III (Name of Registered Agent)	
hereby resigns as Registered Agent for Sabad Palms South Property (Name of Corporation) (Name of Corporation) (Name of Corporation)	
NO700008629 (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)	THE STATE OF THE PARTY OF THE P
(Capacity)	DATE OF THE PARTY

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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