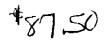
(Re	questor's Name)	 		
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PICK-UP	WAIT	MAIL		
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MARITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Palm & The Bluffs At St. Teresa Own
SUBJECT: The Palm & The Bluffs At St. Teresa Own Comporation (Name of Corporation) DOCUMENT NUMBER: NO8000000286
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:
Thomas A. Warren
(Name of Person)
. (Name of Firm/Company)
2057 Florida Avenue
(Address)
Tallahassee, FL 32303
(City/State and Zip Code)
For further information concerning this matter, please call:
Thomas A. Warren at (850) 509-9696
(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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 6	17.0502(2), 607.1509, or 6	17.1509,		
Florida Statutes, the undersigned, Thomas A. W	arren			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for The Palr	ns & The Bluffs A	At St.	Tere	SU
N08000000286	(Camb or corporation)	owr A	1612 1612	S 1 (~
(Document Number, if known)		7	للا	CICI
A copy of this resignation was mailed to the above lis	sted corporation at its last l	known ad	dress.	
The agency is terminated and the office discontinued this statement is filed.	on the 31st day after the d	ate on wh	nich	
Thomas Q-Wa (Signature of Resig	Me			
/ (Signature of Resig	ning Agent)			
If signing on behalf of an entity:				
(Typed or Printed	d Name)		2018 FEB !	Marine a
(Capacity	')		N	ي وسرسو
` • •			-E	
			<u> </u>	فرسية
Fee for filing this docum	ent:	36		
\$87.50 - Active Corporati				

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/