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Requester's Name Melissa VanSidule Address City/State/Zip Phone #		
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CORPORATION NAME(S) & DOCU	·	·
1. Savannah Park Master (Corporation Name)		
2. (Corporation Name)	(Document #)	
Corporation Name (Corporation Name) (Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A Change of Register Dissolution/Withdr Merger	ed Agent
OTHER FILINGS	REGISTRATION/QU	<u>ALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other)
CR2E031(7/97)		Examiner's Initials



COVER LETTER

TO: Amendment Section **Division of Corporations** Savannah Park Master Association, Inc. (Name of Corporation) DOCUMENT NUMBER: NO8000001503 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: Kristin Bolden (Name of Person) Savannah Park Master Association, Inc. (Name of Firm/Company) 2901 Butterfield Road (Address) Oak Brook, Illinois (City/State and Zip Code) For further information concerning this matter, please call: John DiGiovanni (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Melissa N. VanSickle
(Name of Registered Agent)
hereby resigns as Registered Agent for Savannah Park Master Association, Inc.
(Name of Corporation)
N0800001503
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
The second secon
(Typed or Printed Name)
(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