

NO80000006315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

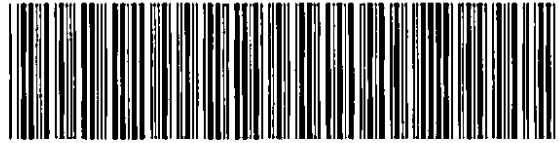
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/18--01022--004 **35.00

~~08/04/18--01037--001~~

09/04/18--01037--001 **52.50

FILED

18 AUG 30 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 31 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2018

JACK G WILLIAMS
JACK G WILLIAMS, ATTORNEY AT LAW
PO BOX 2176
PANAMA CITY, FL 32402

SUBJECT: THE PINES OF LYNN HAVEN OWNERS ASSOCIATION, INC.
Ref. Number: N08000006315

We have received your document for THE PINES OF LYNN HAVEN OWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 118A00017185

RECEIVED
18 AUG 30 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Pines of Lynn Haven Owners Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N08000006315

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:

Jack G. Williams

(Name of Person)

Jack G. Williams, Attorney at Law

(Name of Firm/Company)

Post Office Box 2176

(Address)

Panama City, FL 32402

(City/State and Zip Code)

For further information concerning this matter, please call:

Jack G. Williams

(Name of Person)

at (**850**) **763-5368**

(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.

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, Jack G. Prescott, Sr.

(Name of Registered Agent)

hereby resigns as Registered Agent for The Pines of Lynn Haven Owners Association, Inc.

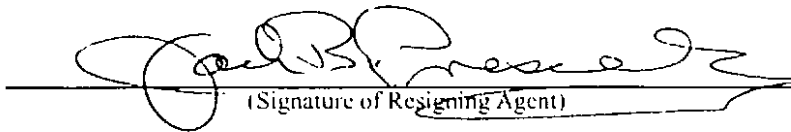
(Name of Corporation)

N08000006315

(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)

(Capacity)

FILED
18 AUG 30 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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