

N08000007745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

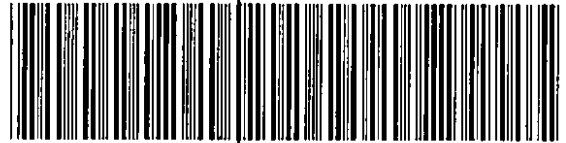
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600436453026

LA 17-01 15-11

SECRETARY OF STATE
FALL 2014

SEP 17 PM 4:15

ML

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Three Horizons Recreation Condominium Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N08000007745

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:

Russell M. Robbins

(Name of Person)

Basulto Robbins & Associates, LLP

(Name of Firm/Company)

14160 NW 77th Ct

(Address)

Miami Lakes, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

Russell M. Robbins

305

722-8900

at (

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 SEP 17 PM 14:15
SECTION OF FLORIDA STATE
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Basulto Robbins & Associates, LLP

(Name of Registered Agent)

hereby resigns as Registered Agent for Three Horizons Recreation Condominium Association, Inc.

(Name of Corporation)

N08000007745

(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:

Basulto Robbins & Associates, LLP

(Typed or Printed Name)

Managing Partner

(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

2024 SEP 17 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL