

## N08983

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Spanish Gordons Homeowners Association, INC  |
| DOCUMENT NUMBER: 108983   |
| 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:                               |
| Leanerd For tes  (Name of Person)  Spanish Gardens Homeowners Association, Inc.  (Name of Firm/Company) |
| 26750 Sparish Gendens 1.)r. (Address)   |
| Bowith Syrung FC 34135 (City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| (Name of Person) at (239) 589-3423 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section                                    | ons 607.0502(2),            | 617.0502(2), 607.1                | 1509, or 617.15                  | 09,                  |             |
|--|-----------------------------|-----------------------------------|----------------------------------|----------------------|-------------|
| Florida Statutes, the undersigned,                                       | Loonard                     | (Name of Registered               | Agent)                           |                      | _           |
| hereby resigns as Registered Agen  No. 8983  (Document Number, if known) | •                           | (Name of Corpora<br>ENS HOMEOWNER | H.D.A.<br>ition)<br>S ASSOCIATIO | <br>N, INC.          | <del></del> |
| A copy of this resignation was made                                      | iled to the above           | listed corporation a              | nt its last knowr                | n address            | s.          |
| The agency is terminated and the of this statement is filed.             | office discontinue          |                                   | ifter the date on                |                      |             |
| If signing on behalf of an entity:  Lephard                              | L B Font.<br>(Typed or Prin | es<br>ited Name)                  | LAHASSEE FL                      | 2022 NOV 21 PM 3: 31 |             |
| Pres   | 1 de ut                     | ity)                              |                                  |                      |             |

## 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