NO 9000000 7915

(Reques	stor's Name)	·
(Addres	s)	
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(Addres	s)	
(City/Sta	ate/Zip/Phon	ne #)
	•	,
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filin	g Officer:	

Office Use Only



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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: VILLAS OF WESTSHORE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)
DOCUMENT NUMBER: N09000007915
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:
Wayne McClain
(Name of Person)
Keystone Homes, Inc.
(Name of Firm/Company)
307 S. Willow Avenue
(Address)
Tampa, FL 33606
(City/State and Zip Code)
For further information concerning this matter, please call:
Wayne McClain at (813) 876-400 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ke	eystone Homes, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	VILLAS OF WESTSHORE HOMEOWNERS
	(Name of Corporation)
N09000007915	
(Document Number, if known)	
A copy of this resignation was mailed to	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
If signing on behalf of an entity:	gnature of Resigning Agent)
Wayne McClain	
	Typed or Printed Name)
President of Keys	tone Homes, Inc.
	(Capacity)
77	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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