

NO900000 10685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

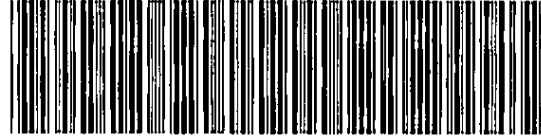
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 10 2021

Office Use Only



100375445571

10/28/21--01012--015 **87.50

SECRETARY OF STATE
FALL BRASSFIELD

2021 OCT 28 PM 5:15

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas at King Gate Association, INC
(Name of Corporation)

DOCUMENT NUMBER: N09000010685

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:

William Powers

(Name of Person)

(Name of Firm/Company)

1600 W. COLONIAL DR

(Address)

Orlando FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

William Powers

(Name of Person)

at (407) 228-4181

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2021 OCT 28 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, William Powers
(Name of Registered Agent)

hereby resigns as Registered Agent for Villas at Kings Gate
(Name of Corporation)

ASSOCIATION, INC

NO9000010685
(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.

William Powers
(Signature of Resigning Agent)

If signing on behalf of an entity:

William Powers
(Typed or Printed Name)

President
(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**