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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: MAGNOLIA COVE HOMEOWNERS ASSOCIATION INC. (Name of Corporation)			
DOCUMENT NUMBER: N 1 000000138/			
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:			
KENNETH DREXFUSS (Name of Person)	SECRI	15 Jė	
(Name of Firm/Company)	50.5		marrie e m
P.O. Box 771870 (Address)		5 # -	
MIAMI, FL 33177 (City/State and Zip Code)		27	
For further information concerning this matter, please call:			
KENNETH DRE YFUSS at (305) 428-4500 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, KENJETH DKEXFUSS (Name of Registered Agent)
hereby resigns as Registered Agent for MAGNOLIA COVE HOMEOWNERS ASSOCIATION INC, (Name of Corporation)
NL 00000 1381 (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)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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