N10000005534

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Namo	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. LEVIS

AUG 8 2014

EXAMMER

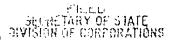
COVER LETTER

10:	Division of Corporations
SUBJ	West Hernando Athletic Club Seniors, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N1000005536
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Lar	ry E. Dodson
	(Name of Person)
	(Name of Firm/Company)
283	3 Grand Ave.
	(Address)
Ma	saryktown, Fl. 34604 (City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Lar	rry E. Dodson (Name of Person) at (352) 796-6966 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



14 JUL 30 PM 3: 40

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, Larry E. Dodson

(Name of Registered Agent)

Name of Corporation)

N1000005536

(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:

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withdrawn corporation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

(Capacity)