14.100000000383

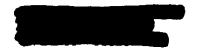
(Req	juestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

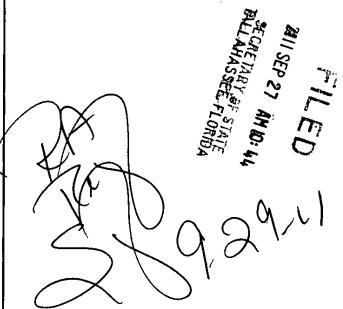
Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: The Retreat at Three	Rivers Homeowners' A	Association, Inc.	
DOC	UMENT NUMBER: N100	00006383		
The e	nclosed Resignation of Regist	ered Agent for a Corporat	ion and fee are submitted for filing.	
Please	return all correspondence co	ncerning this matter to the	e following:	
Ken	neth G. Arsenault, Jr.			
	(Name of Pers	son)		
	(Name of Firm/Co	ompany)	Side s	<i>:</i> '
1022	25 Ulmerton Road, Suite 2		8.79°	;
	(Address)		•	
Larg	o, FL 33771			
	(City/State and Zip	code)		
For fu	rther information concerning	this matter, please call:		
Shar	on Hummerhielm (Name of Person)	at (<u>305</u>) (Area Code &	579-0999 (ext 305) Daytime Telephone Number)	
Enclos or \$35	sed is a check made payable t .00 for an administratively di	o the Florida Department of ssolved, voluntarily dissolution	of State for \$87.50 for an active corporatived or withdrawn corporation.	on
Amen Division Clifton 2661 I	Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	S	

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, Kenneth G. Arsenault, Jr. (Name of Registered Agent)
hereby resigns as Registered Agent for The Retreat at Three Rivers HOA, Inc. (Name of Corporation)
N1000006383
(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