

NI1000005642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

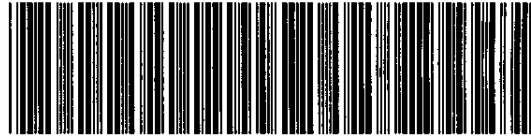
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300254580323

Resignation
of RA

12/16/13--01003--010 **87.50

FILED
2013 DEC 16 PM 4:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

12/26/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Villas of Wedgefield HOA, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N11000005642

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:

Benjamin Isip

(Name of Person)

Tower Property Mgmt, Inc.

(Name of Firm/Company)

1320 N Semoran Blvd, Ste 100

(Address)

Orlando, FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Isip

(Name of Person)

at (**407**) **730-9872**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

2013 DEC 16 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Leland Management

(Name of Registered Agent)

hereby resigns as Registered Agent for The Villas of Wedgefield Homeowners Association Inc

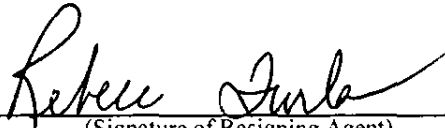
(Name of Corporation)

N11000005642

(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:

Rebecca Furlow

(Typed or Printed Name)

Agent

(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