

(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:
,

Office Use Only



200370367692

RICHTI AUG 10 MG

#### **COVER LETTER**

Division of Corporations	
WILLOW CREEK PLANTATION SUBJECT:	ON AT CRESTVIEW OWNERS ASSOCIATION, INC.
30B/EC1	(Name of Corporation)
DOCUMENT NUMBER: N11000009729	)
The enclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing
Please return all correspondence concer	ning this matter to the following:
Michelle Anchors	
(Name of Person)	<del></del>
AnchorsGordon, P.A.	
(Name of Firm/Compa	ny)
2113 Lewis Turner Blvd. Suite 100	
(Address)	
Fort Walton Beach, Fl. 32547	
(City/State and Zip Coo	de)
For further information concerning this	matter, please call:
Michelle Anchors	at ()
(Name of Person)	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:**

TO: Amendment Section

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

Pursuant to the provisions of section	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Mic	Michelle Anchors
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Willow Creek Plantation at Crestview Owners Association, Inc.
	(Name of Corporation)
N11000009729	
(Document Number, if known)	<del></del>
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
this statement is filed.	Tice discontinued on the 31st day after the date on which
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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