' (R	equestor's Name)		
(A	ddress)		
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(C	ity/State/Zip/Phone #/)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

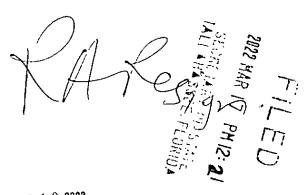
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MAR 1 8 2022 D COMMELL



March 16, 2022

CORPORATE ACCESS

SUBJECT: CORONAS PARK HOMEOWNERS ASSOCIATION, INC

Ref. Number: N12000007960

We have received your document for CORONAS PARK HOMEOWNERS ASSOCIATION, INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$52.50 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 322A00006199

www.sunbiz.org

CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

· :	PIC	K UP: <u>3/15 DANNY</u>	
XX	CERTIFIED COPY PHOTOCOPY		
	CUS		
XX	FILING	INC AMEND	
1.	CORONAS PARK HON (CORPORATE NAME AND DOCU	MEOWNERS ASSOCIATION, INC. MENT #)	FILE 1ST
2.	(CORPORATE NAME AND DOCU	MENT #)	
3.	(CORPORATE NAME AND DOCU	MENT #)	
4.	(CORPORATE NAME AND DOCU	MENT #)	
5.	(CORPORATE NAME AND DOCU	MENT #)	
6.	(CORPORATE NAME AND DOCU	MENT #)	
SPECI INSTE	IAL RUCTIONS:		
			

COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
CORONAS PARK HOMEOWNERS ASSOCIATION	
(Name of Corps	oration)
DOCUMENT NUMBER: N12000007960	
The enclosed Resignation of Registered Agent for a Con	poration and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Esteban O'Farrell	
(Name of Person)	
O'Farrell, Inc.	•
(Name of Firm/Company)	_
1441 Brickell Avenue, Suite 1018	•
(Address)	
Miami, Florida 33131	
(City/State and Zip Code)	•
For further information concerning this matter, please ca	II:
Esteban O'Farrell at (30)	785 - 0377 or (305) 460- ode & Daytime Telephone Number)
(Name of Person) (Area C	ode & 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:

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 secti	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Merinda A. Muzie	
gg .	(Name of Registered Agent)	
hereby resigns as Registered Ager	CORONAS PARK HOMEOWNERS ASSOCIATION, INC	
,,	(Name of Corporation)	
N12000007960		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which .	
If signing on behalf of an entity:	(Signiture of Resigning Agent)	1022 HAR 17
	(Typed or Printed Name)	HAR 17 PHI2: 2
	0.74 REC	i •

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)