N13000004619

(Re	equestor's Name)		
(Ac	ldress)		
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(Cir	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

AUGA 6 2016 C. Lewis

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CARRINGTON TOWN HOMES ASSOCIATION, INC
DOCUMENT NUMBER: Name of Corporation) Note: 1000 Name of Corporation Note: 1000 Name of Corpor
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:
TACK HANSON (Name of Person)
MELROSE MANAGEMENT PARTNERSHIP
(Name of Armicompany)
1600 W. COLONIAL DRIVE
(Address) ORLANDO FL 3280 Y (City/State and Zip Code)
For further information concerning this matter, please call:
TACK HANSON at (407) 228-4181 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of reison) (Alea Code & Daytine 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



August 16, 2016

JACK HANSON / MELROSE MANAGEMENT PARTNERSHIP 1600 W. COLONIAL DRIVE ORLANDO, FL 32804 US

SUBJECT: CARRINGTON TOWNHOME ASSOCIATION, INC. Ref. Number: N13000004619

We have received your document for CARRINGTON TOWNHOME ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please put the name of the company that is the agent on the resignation instead of the persons name.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 716A00017332

SECRETARY OF STATE
DIVISION OF CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2016 AUG 15 PM 3: 30

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned, THE MELROSE MANAGE	MENTYA
(Name of Registered Agent)	1
Florida Statutes, the undersigned, THE MELROSE MANAGE (Name of Registered Agent) hereby resigns as Registered Agent for ARRINGTON OWN HE	omes HSS
(Name of Corporation)	,
N130000 4619	
(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 this statement is filed.	date on which
	•
(9/)	•
(Signature of Besigning Agent)	
If signing on behalf of an entity:	·.
VACK HANSON	
(Typed or Printed Name)	
PRESIDENT	
(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