

N13890

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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Department of Corrections
Division of Corrections

JAN 05 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pinewood Villas Homeowners Associations of Winter Park, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N13890

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:

L. Allen Bryant

(Name of Person)

Pinewood Villas Homeowners Associations of Winter Park, Inc.

(Name of Firm/Company)

511 E. Livingston St.

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

L. Allen Bryant

(Name of Person)

at (407) 872-0560

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

16 DEC 23 AM 8:43
DIVISION OF CORPORATIONS

**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, L. Allen Bryant

(Name of Registered Agent)

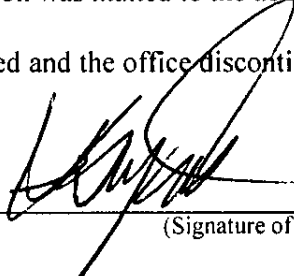
hereby resigns as Registered Agent for Pinewood Villas Homeowners Association of Winter Park, Inc.
(Name of Corporation)

N13890

(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

15 DEC 23 PM 9:05
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL