NIH 0000004574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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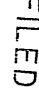
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2021 SEP 24 AM 10: 56





COVER LETTER

Division of Corporations	
SUBJECT: Greenhouse Shoppes Property Owners As	
(Nan	ne of Corporation)
DOCUMENT NUMBER: N14000004574	
The enclosed Resignation of Registered Agent	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Manuel A. Durand	
(Name of Person)	
Greenhouse Shoppes Property Owners Association, Inc.	
(Name of Firm/Company)	
P.O. Box 2540	
(Address)	
Land O'Lakes, FL 34639	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Newton B. Williams	305 772-1850
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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 sections 6	07.0503(2), 617.0502(2), 607.1509, or 617	.1509.		
Florida Statutes, the undersigned, Man	nuel A. Durand			
(Name of Registered Agent)				
hereby resigns as Registered Agent for	Greenhouse Shoppes Property Owners Association	n, Inc.		
(Name of Corporation)				
N14000004574				
(Document Number, if known)	_			
A copy of this resignation was mailed t	o the above listed corporation at its last known	own address.		
this statement is filed. Manuel	e discontinued on the 31st day after the date M. Juneary ignature of Resigning Agent)	2021 SEC TA		
If signing on behalf of an entity:		SEP 24		
Manuel A. Durand		<i>∽</i> = <	Ш	
	(Typed or Printed Name)	AM IO: 56 OF STATE SEE. FI	0	
Manager		. 01	S	

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)

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