N14000005731

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|------------------|
| SUBJECT: Sonegate of Agers worth Community Association Inc. (Name of Corporation) | |
| DOCUMENT NUMBER: N14000005731 | |
| 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: | |
| Tames Randlo (Name of Person) Cutadel Prop Mynd Grplnc (Name of Firm/Company) 905 E MLK Ja Dr Ste 310 (Address) |)))) |
| For further information concerning this matter, please call: | |
| (Name of Person) at (729) 938 - 7730 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 $607.0503(2)$, $617.0502(2)$, 607.1509 , or 617 | .1509, |
|--|-----------------------|
| Florida Statutes, the undersigned. Citadel Prop Man't Graine (Name of Registered Agent) | |
| hereby resigns as Registered Agent for Stanegate at Agens with (Same of Corporation) | mmunity Association |
| N14000005731 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known | own address. |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent) | on which |
| If signing on behalf of an entity: | 2023 A |
| (Typed or Printed Name) | 17: il 2023 APR 21 |
| President | AH 6:12 |
| (Capacity) | : 72 |

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