N14000008623

(Re	questor's Name)	
——————————————————————————————————————	dress)	
•	ŕ	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(D.)	siness Entity Name	<u> </u>
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
,	-	-
		
Special Instructions to	Filing Officer:	





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Và loloalac

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	Huntington Village Residents Association, Inc	
000	(Name of Corporation) UMENT NUMBER: N14000008623	
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	3-
Please	return all correspondence concerning this matter to the following:	
The	eresa Sutherland	
	(Name of Person)	
Sut	therland Management Inc.	
	(Name of Firm/Company)	
107	7 N. Line Drive	
	(Address)	
<u>Ap</u>	Opka, FL 32703 (City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
The	eresa Sutherland (Name of Person) at (407) 774-7262 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Theresa Sutherland
	(Name of Registered Agent)
hereby resigns as Registered Agen	t for Huntington Village Residents Association, Inc.
nereby resigns as registered regen	(Name of Corporation)
N14000008623	
(Document Number, if known)	
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	Must State 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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