# N15000003428

(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

RARES

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### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: West Lucaya Village Association, Inc.
DOCU	(Name of Corporation)  JMENT NUMBER: N15000003428
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Nar	ncy Baez
	(Name of Person)
Vista	a Community Association Management
•	(Name of Firm/Company)
225	S. Westmonte St., Suite 3310
	(Address)
Alta	amonte Spring FL 32714
	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Ana	(Name of Person) at (407) 1644-4406 (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

## 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

Florida Statutes, the undersigned.  Vista Community Association Management (Name of Registered Agent)  West Lucaya Village Association, Inc. (Name of Corporation)  N15000003428 (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.    Vista Community Association Management (Name of Registered Agent)    N15000003428   (Document Number, if known)	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
hereby resigns as Registered Agent for West Lucaya Village Association, Inc.  N1500003428  (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.	Florida Statutes, the undersigned. Vista Community Association Management
(Name of Corporation)  N15000003428  (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.	(Name of Registered Agent)
(Name of Corporation)  N15000003428  (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.	hereby resigns as Registered Agent for West Lucaya Village Association, Inc.
(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.	(Name of Corporation)
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.	N15000003428
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	(Document Number, if known)
Tina Yamada  (Typed or Printed Name)  Agent  (Capacity)  Fee for filing this document:  \$87.50 - Active Corporation	A copy of this resignation was mailed to the above listed corporation at its last known address.
Tina Yamada  (Typed or Printed Name)  Agent  (Capacity)  Fee for filing this document:  \$87.50 - Active Corporation	
Tina Yamada  (Typed or Printed Name)  ALLAHASE TARY UNSTATE (Capacity)  Fee for filing this document: \$87.50 - Active Corporation	(Signature of Resigning Agent)
Agent  (Capacity)  Fee for filing this document:  \$87.50 - Active Corporation	If signing on behalf of an entity:
Agent  (Capacity)  Fee for filing this document: \$87.50 - Active Corporation	
\$87.50 - Active Corporation	(Typed or Printed Name)
\$87.50 - Active Corporation	Agent
\$87.50 - Active Corporation	(Capacity)
\$35.00 - Administratively dissolved/voluntarily dissolved/	\$87.50 - Active Corporation
withdrawn corporation	· · · · · · · · · · · · · · · · · · ·

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314