Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Corporations Please retain original filing

From:

C T CORPORATION SYSTEM SUBmission 7/15

Account Name Account Number: FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION THE COVE RESORT AT STOREY LAKE COMMUNIT ASSOCIATION

| | |
|-----------------------|-------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$87.50 |

Attn: Darlene Connel

JUL 1 9 2016

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July 18, 2016

FLORIDA DEPARTMENT OF STATE

THE COVE RESORT AT STOREY LAKE COMMUNITY ASSOCIATION, I 8390 CHAMPIONSGATE BLVD STE 110 CHAMPIONSGATE, FL 33896

SUBJECT: THE COVE RESORT AT STOREY LAKE COMMUNITY ASSOCIATION, INC.

REF: N15000005610

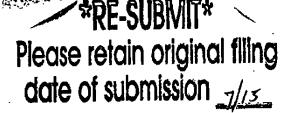
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Darlene Connell Regulatory Specialist III FAX Aud. #: H16000170488 Letter Number: 116A00014910





| COVER LETTER | |
|--|--|
| TO: Amendment Section Division of Corporations | |
| SUBJECT: The Cove Resort at Storey Lake Com | nmunity Association, Inc. |
| (Name of Corpora DOCUMENT NUMBER: N15000005610 | ution) |
| The enclosed Resignation of Registered Agent for a Corpo | ration and fee are submitted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Theresa Alfieri | |
| (Name of Person) | |
| C T CORPORATION SYSTEM | |
| (Name of Firm/Company) | - |
| 111 8th Avenue, 13th Floor | |
| (Address) | - |
| New York, New York 10011 | |
| (City/State and Zip Code) | - |
| For further information concerning this matter, please call: | • |
| Theresa Alfieri at (212 | 894-8516 |
| (Name of Porson) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
266! Executive Center Circle
Tallahasses, FL 3230!

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| | 0118 007.0302(2), 017.0302(2), 007.1303, 01 017 | .1309, |
|--|--|-------------------|
| Florida Statutes, the undersigned. | C T CORPORATION SYSTEM | |
| | (Name of Registered Agent) | |
| hereby resigns as Registered Ager | t for The Cove Resort at Storey Lake Community Ass | ociation, Inc. |
| | (Name of Corporation) | |
| N15000005610 | | |
| (Document Number, if known) | - ; - | |
| A copy of this resignation was ma | iled to the above listed corporation at its last kno | wn address. |
| The agency is terminated and the othis statement is filed. | office discontinued on the 31st day after the date | on which |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| | • | |
| CT CORPO | RATION SYSTEM-Theresa Alfieri | FC 2 |
| | (Typed or Printed Name) | The second second |
| ASSISTAN | T SECRETARY | S P |
| | (Capacity) | 5 5 |
| | \mathcal{G}_{i} . | #2 |

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