

N15000008299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HAMLIN RESERVE HOMEOWNERS ASSOCIATION <sup>IN</sup>  
(Name of Corporation)

**DOCUMENT NUMBER:** N 15000008299

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:

WILLIAM POWERS

(Name of Person)

MELROSE MANAGEMENT PARTNERSHIP

(Name of Firm/Company)

1600 W. COLONIAL DRIVE

(Address)

ORLANDO FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM POWERS

(Name of Person)

at (407) 228-4181

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, WILLIAM POWERS - MELROSE MANAGEMENT  
(Name of Registered Agent)

hereby resigns as Registered Agent for HAMLIN RESERVE HOMEOWNERS  
(Name of Corporation)

N15000008299

(Document Number, if known)

PARTNERS  
ASSOCIATION, INC.

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.

William Powers

(Signature of Resigning Agent)

If signing on behalf of an entity:

WILLIAM POWERS

(Typed or Printed Name)

PRESIDENT

(Capacity)

2020 MAR 11 PM 2:05  
FLORIDA  
DIVISION OF CORPORATIONS

### 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withdrawn corporation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