

N15 00000 8299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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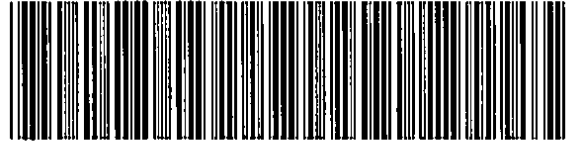
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAMLIN RESERVE HOMEOWNERS ASSOCIATION
(Name of Corporation) IN

DOCUMENT NUMBER: N15000008299

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 PARTNERS
(Name of Registered Agent)

hereby resigns as Registered Agent for _____

HAMLIN RESERVE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

N15000008299

(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.

William Powers

(Signature of Resigning Agent)

If signing on behalf of an entity:

WILLIAM POWERS

(Typed or Printed Name)

PRESIDENT

(Capacity)

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
2020 MAR 11 PM 2:05

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withdrawn corporation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