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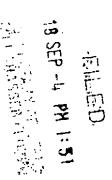
(Re	questor's Name)
(Ad	dress)
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: SAWGRASS VILLAGE COMMUNITY PARK FOUNDATION, INC. (Name of Corporation) DOCUMENT NUMBER: N16000011398 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: Janna Pantoja (Name of Person) Legalzoom.com, Inc. (Name of Firm/Company) 9900 Spectrum Dr. (Address) Austin, TX 78717 (City/State and Zip Code) For further information concerning this matter, please call: _____at (800) 773-0888 x3950 (Area Code & Daytime Telephone Number) Janna Pantoja 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sect	ions 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509.
	United States Corporation Agents, Inc.	
(Name of Registered Agent)		
hereby resigns as Registered Age	nt for Sawgrass Village Community Park Four	ndation, Inc.
	(Name of Corporation)	
N16000011398		
(Document Number, if known)		
A copy of this resignation was ma	illed to the above listed corporation at its last kno	own address.
The agency is terminated and the this 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:		S 8
Cheyenne	Moseley	EP -4
	(Typed or Printed Name)	
Asst. Secretary o	n behalf of United States Corporation Agents, Inc.	
	(Capacity)	ų. * <i>I</i>

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, F1. 32314