

N170000006498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

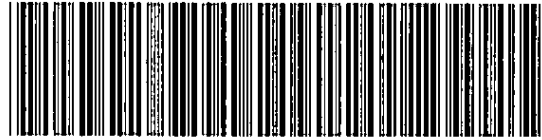
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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALLORA HOMEOWNERS ASSOCIATION, INC.  
(Name of Corporation)

DOCUMENT NUMBER: N17000006498

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:

WILL POWERS

(Name of Person)

(Name of Firm/Company)

3527 PALM HARBOR BLVD

(Address)

PALM HARBOR, FL. 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

2022 JAN 18 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

WILL POWERS

(Name of Registered Agent)

hereby resigns as Registered Agent for

ALLORA HOMEOWNERS ASSOCIATION,  
INC.

(Name of Corporation)

N 17000006498

(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:

WILL POWERS

(Typed or Printed Name)

PRESIDENT

(Capacity)

**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withdrawn corporation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**