# MIS00000 2270

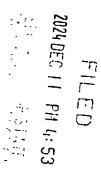
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
JAN 2 8 2025		

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### **COVER LETTER**

TO: Amendment Section Division of Corporations			
GENE LASSERE YULEE OWY			
	(Name of Corpo	oration)	•
DOCUMENT NUMBER: N18000002270	)		-
The enclosed Resignation of Registered	d Agent for a Corp	ooration and fee are submitted for	filing.
Please return all correspondence conce	rning this matter to	o the following:	
Sierra Campos			
(Name of Person)		<del></del>	
First Corporate Solutions Inc			
(Name of Firm/Compa	any)	<del></del>	
914 \$ St			
(Address)	,	<del></del>	
Sacramento CA 95811			
(City/State and Zip Co	ode)		
For further information concerning this	matter, please cal	1:	
Sierra Campos	916 at (	3138925	
(Name of Person)		ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	FIRST CORPORATE SOLUTIONS, INC.
, ,	(Name of Registered Agent)
hereby resigns as Registered Agen	t for GENE LASSERE YULEE OWNERS ASSOCIATION, INC.
	(Name of Corporation)
N18000002270	
(Document Number, if known)	<del></del>
A copy of this resignation was mai	iled to the above listed corporation at its last known address.
The agency is terminated and the o this statement is filed.	office discontinued on the 31st day after the date on which
if signing on behalf of an entity:	(Signature of Resigning Agent)
Sierra Campos	
<del></del>	(Typed or Printed Name)
Assistant Secretary	
	(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