

N18 0000003481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

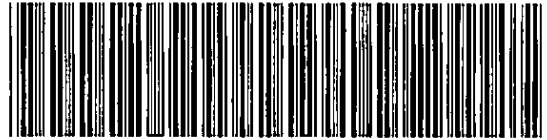
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS  
FEB 08 2022

Office Use Only



000379104860

01/19/22--01029--019 \*\*87.50

FILED  
2022 JAN 19 AM 7:26  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JAZSAM HOMEOWNERS ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N18000003481  
\_\_\_\_\_

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:

Anthony T. Lepore  
\_\_\_\_\_  
(Name of Person)

PO Box 848842  
\_\_\_\_\_  
(Name of Firm/Company)

\_\_\_\_\_  
(Address)

Hollywood, FL 33084  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony T. Lepore                                      202                      681-2201  
\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name of Person)                                      (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION

2022 JAN 19 AM 7:26

SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ANTHONY T LEPORE

(Name of Registered Agent)

hereby resigns as Registered Agent for JAZSAM HOMEOWNERS ASSOCIATION, INC.

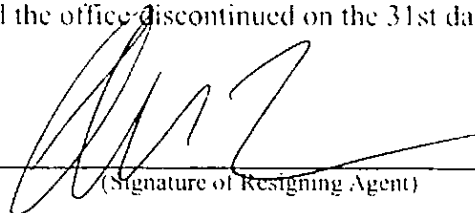
(Name of Corporation)

N18000003481

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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