

N18000011430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

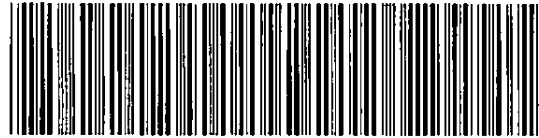
(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 16 2024

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09/04/24--01044--014 **192.50

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2024 SEP -4 PM 3:12
FBI-MD

CF 87.50

Amend

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Buffalo Ridge of Santa Rosa Owners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N18000011430

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Judy Pinette
(Name of Person)

Moore, Hill & Westmoreland, P.A.
(Name of Firm/Company)

P.O. Box 13290
(Address)

Pensacola, FL 32591-3290
(City/State and Zip Code)

For further information concerning this matter, please call:

Judy Pinette at (850) 434-3541
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for ^{192.50}~~335.00~~ made payable to the Florida Department of State.

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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Harrell G. Downey

(Name of Registered Agent)

hereby resigns as Registered Agent for Buffalo Ridge of Santa Rosa Owners Association, Inc.

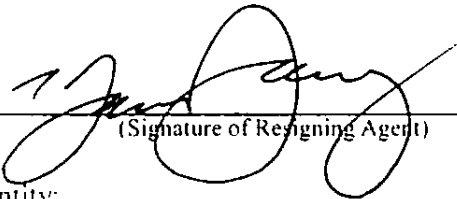
(Name of Corporation)

N18000011430

(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) 08/01/24

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

2024 SEP -14 PM 3:12
FILED

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Enclosed is a check for ^{19,250}~~\$35.00~~ made payable to the Florida Department of State.

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Tallahassee, FL 32314

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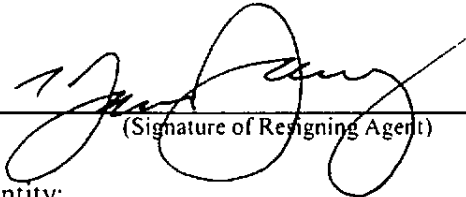
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Tallahassee, FL 32314

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2024 SEP -4 PM 3:13
TALLAHASSEE, FL