## N190000 1022

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	<del></del>
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Chasewoods Homeowners Association, Inc.
(Name of Corporation)  DOCUMENT NUMBER: N19000001022
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:
Susan Junod (Name of Person)
Sheffield & Boatright, P.A.  (Name of Firm/Company)
6101 Gazebo Park Place, N., Suite 103
(Address)
Jacksonville, Florida 32257 (City/State and Zip Code)
For further information concerning this matter, please call:
Susan Junod at (904)733-7900 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 prov	isions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the	undersigned, Gary Moreau
	(Name of Registered Agent)
herehy resions as Re	gistered Agent for Chasewoods Homeowners Association, Inc.
nercoy resigns as rec	(Name of Corporation)
N190000010	22
(Document Nu	nber, if known)
A copy of this resign	nation was mailed to the above listed corporation at its last known address.
The agency is terming this statement is file	nated and the office discontinued on the 31st day after the date on which d.
	H MH
Ç	(Signature of Resigning Agent)
If signing on behalf	of an entity:
ii sigiiiig oii ociiaii	or an entry.
<del></del>	(Typed or Printed Name)
	(Capacity)
	• 3
	For for Cling this document:
	Fee for filing this document:  \$87.50 - Active Corporation
	\$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation