

N19 00000 1692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

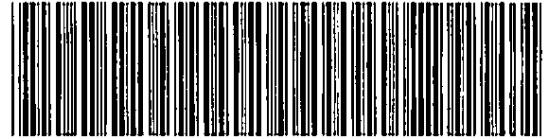
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500385531995

04/11/22--01067--005 **37.50

FILED

2022 APR 11 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FL

5/14/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABERDEEN COMMUNITY ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N19000001692

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:

WILLIAM POWERS

(Name of Person)

MELROSE MANAGEMENT PARTNERSHIP

(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:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MELROSE MANAGEMENT PARTNERSHIP
(Name of Registered Agent)

hereby resigns as Registered Agent for ABERDEEN COMMUNITY ASSOCIATION, INC
(Name of Corporation)

N19000001692
(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:

WILLIAM POWERS
(Typed or Printed Name)
PRESIDENT
(Capacity)

FILED
2022 APR 11 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FL

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