## N1900000314Z

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## **COVER LETTER**

Division of Corporations
SUBJECT: TRACT OWNERS ASSOCIATION, INC.
(Name of Corporation)
DOCUMENT NUMBER: N19000003142
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:
Marybeth L. Pullum
(Name of Person)
Pullum & Pullum, P.A.
(Name of Firm/Company)
250 International Parkway, Ste 340
(Address)
Lake Mary, FL 32746 (City/State and Zip Code)
For further information concerning this matter, please call:
Marybeth L. Pullum at (407 732-6510 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Ament 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

hereby resigns as Registered Agent for TRACT OWNERS ASSOCIATION, INC.  N1900003142  (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:  (Capacity)  (Capacity)  Fee for filling this document:	Pursuant to the provisions of sectio	ns 607.0502(2), 617.0502(2), 607.1509, or 617.15	509.
N1900003142 (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:  (Capacity)  Fee for filing this document:	Florida Statutes, the undersigned.	J. FRED KURRAS	<del></del>
(Name of Corporation)  N1900003142  (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)  (Capacity)  (Capacity)  Fee for filling this document:	hereby resigns as Registered Agent	for TRACT OWNERS ASSOCIATIO	N, INC.
(Capacity)  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)  (Typed or Printed Name)  (Capacity)	mereo, resigns de registerou rigoni	(Name of Corporation)	
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)  (Signature of Resigning Agent)  (Typed or Printed Name)  (Capacity)  (Capacity)  Fee for filing this document:	N19000003142		
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)  (Signature of Resigning Agent)  (Typed or Printed Name)  (Capacity)  (Capacity)  Fee for filling this document:	(Document Number, if known)	<del></del>	
(Capacity)  SECRIFICATION (Capacity)  (Capacity)  SECRIFICATION (Capacity)  (Capacity)  Fee for filling this document:	A copy of this resignation was mai	led to the above listed corporation at its last know	n address.
(Capacity)  Fee for filing this document:		ffice discontinued on the 31st day after the date of	n which
(Capacity)  Fee for filing this document:	If signing on behalf of an entity:	(Signature of Resigning Agent)	
SECRE AM 11: 3 (Capacity)  Fee for filing this document:	• -		
Fee for filing this document:		(Typed or Printed Name)	2019 MA SECRL TALL,
Fee for filing this document:		(Capacity)	( O ==
			1 3 <b>9</b>
\$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