## W19348

(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:			





700166262967

02/19/10--01021--025 \*\*297.50

RA lesign

10 FEB 19 AM 8: 01

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Pine Run Homeowners Association
(Name of Corporation)
DOCUMENT NUMBER: N19348
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:
Kenneth W Hayden
(Name of Person)
Hayden & Associates
(Name of Firm/Company)
8359 Beacon Blvd, Suite 313
(Address)
Ft Myers, FL 33907
(City/State and Zip Code)
For further information concerning this matter, please call:
Dee Masterson at ( 239 ) 489-4890
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned, Ke	nneth W Hayden	
· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Pine Run Homeowners Association	INC.
	(Name of Corporation)	,
N19348		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its last kn	own address.
this statement is filed.	discontinued on the 31st day after the dat	e on which
. (5)	gnature of Resigning Agent)	
If signing on behalf of an entity:		OFEB 19
	Typed or Printed Name)	A 8: 01
<del></del>	(Capacity)	- <u>a</u>

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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