## N20000003972

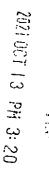
|   | _    |
|---|------|
| (Requestor's Name)                      |      |
| (Address)                               | -    |
|   |      |
| (Address)                               | ·    |
| (City/State/Zip/Phone #)                | -    |
| PICK-UP WAIT MAIL                       |      |
|   |      |
| (Business Entity Name)                  |      |
| (Document Number)                       | -    |
| Certified Copies Certificates of Status |      |
| Special Instructions to Filing Officer; |      |
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## TRANSMITTAL LETTER

REDFISH HARBOR HOMEOWNERS ASSOCIATION, INC. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N20000003972 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAWSON, CHASE (Name of Person) REDFISH HARBOR HOMEOWNERS ASSOCIATION, INC. (Name of Firm/Company) 106 STONE BLVD. (Address) CANTONMENT, FL 32504 (City/State and Zip Code) For further information concerning this matter, please call: CHERYL KELLEY (Name of Person)

Enclosed is a check for \$35.00 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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| RAWSON, CHASE               | hereby resign as                                |             |         |
|-----------------------------|---|-------------|---------|
|                             |   | Title)      |         |
| REDFISH HARBOR HOMEOWN      | •   |             |         |
| (Nan                        | ne of Corporation)                              |             |         |
| N20000003972                | , a corporation organized under the laws of the | ne State of |         |
| (Document Number, if known) |   |             |         |
| FLORIDA                     | ·   |             |         |
|                             |   | <b>~</b> .  |         |
|                             |   | 2021 OCT    |         |
|                             | 14/   | OCT         | •       |
| <del></del> -               |   | 13          | .51     |
|                             | (Signature of resigning officer/director)       | PH          |         |
|                             |   | بب          | الوسدية |

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314