

N20000003972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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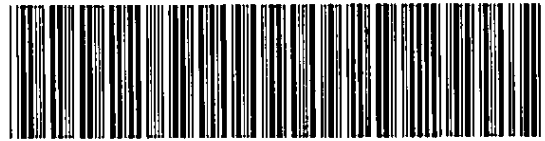
(Business Entity Name)

(Document Number)

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OCT 20 2021  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: REDFISH HARBOR HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N20000003972

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:

STEPHEN MOORHEAD

(Name of Person)

REDFISH HARBOR HOMEOWNERS ASSOCIATION, INC.

(Name of Firm/Company)

908 GARDENGATE CIRCLE

(Address)

PENSACOLA, FL 32504

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at ( )

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, STEPHEN MOORHEAD

(Name of Registered Agent)

hereby resigns as Registered Agent for REDFISH HARBOR HOMEOWNERS ASSOCIATION, INC.

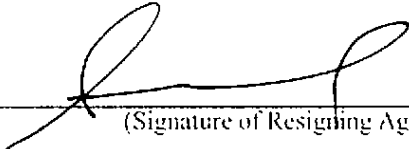
(Name of Corporation)

N20000003972

(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:

Stephen Moorhead  
\_\_\_\_\_  
(Typed or Printed Name)

Registered Agent  
\_\_\_\_\_  
(Capacity)

2021 OCT 13 PM 3:07

### 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