

N 22000001759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

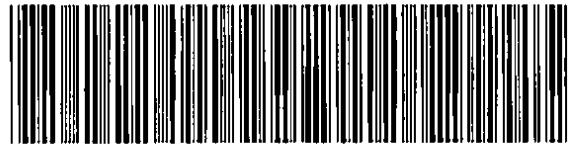
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300395777853

10/20/22--01002--014 **87.50

2022 OCT 19 PM 4:22
2022 OCT 19 PM 3:53

STATE OF FLORIDA

10/19/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellington Place in Tallahassee Homeowner's Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N22000001759

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:

Howard Rice

(Name of Person)

(Name of Firm/Company)

8186 Lanternlight Road

(Address)

Tallahassee, FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Howard Rice at (850) 322-0234

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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**

2022 OCT 19 PM 4:22

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Howard Rice

(Name of Registered Agent)

hereby resigns as Registered Agent for Wellington Place in Tallahassee Homeowner's Association, Inc.

(Name of Corporation)

N22000001759

(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:

HOWARD RICE

(Typed or Printed Name)

(Capacity)

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