

Florida Department of State

Division of Corporations

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To:

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Account Name : STEARNS WEAVER MILLER
Account Number : I19990000211
Phone : (813)223-4800
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Email Address: Amalia.Papadimitriou@mattamycorp.com

REGISTERED AGENT RESIGNATION
BLOOMINGDALE TOWNES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$87.50

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLOOMINGDALE TOWNES HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N22000012148

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:

Christian F. O'Ryan, Esq.

(Name of Person)

Stearns Weaver Miller Weissler Alhadeff & Simeron, P.A.

(Name of Firm/Company)

401 E. Jackson Street, Suite 2100

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Anderson

813 222-5038

at ()

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, Christian F. O'Ryan, Esq. c/o Stearns Weaver Miller Weissler, et al.
(Name of Registered Agent)

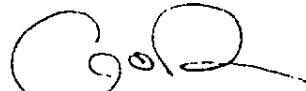
hereby resigns as Registered Agent for Bloomingdale Townes Homeowners Association, Inc.
(Name of Corporation)

N22000012148

(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:

Christian F. O'Ryan, Esq.

(Typed or Printed Name)

Attorney

(Capacity)

Fee for filing this document:

S87.50 - Active Corporation

S35.00 - 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

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