

(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:

Office Use Only



800301743308

07/31/17--01016--613 **87.50

SACHALD COLUMN 23.

Ra Resignation

AUG 0 9 2017 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Alameda Isles Social Club, Inc. (Name of Corporation)		
DOCUMENT NUMBER: N 23872	_	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	for fil	ing.
Please return all correspondence concerning this matter to the following:		
Michele Powell (Name of Person)		
Alameda Isles Social Club, Inc. (Name of Firm/Company)	 }	1 - 7 - - - - - - - - - -
1 Alameda Grande (Address)	3	
Englewood, FL 34223 (City/State and Zip Code)	H 150 27	
For further information concerning this matter, please call:		ri D
Michele Powell at (941) 474-5079 (Name of Person) (Area Code & Daytime Telephone Number	<u>:r)</u>	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.		
Florida Statutes, the undersigned, Lighthause Property Man (Name of Registered Agent)	agen	rent
Florida Statutes, the undersigned, Lighthouse Property Man (Name of Registered Agent) hereby resigns as Registered Agent for Alameda Isles Social (Name of Corporation)	<u> </u>	b, In
N 2 3 8 7 2		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kno	wn add	ress.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whic	ch
Lighthouse Property Management (Signature of Resigning (Agent)	d = 1	
If signing on behalf of an entity:	 	
Janet Cordova (Typed or Printed Name)		SANCE STATE OF SANCE
Manager		,,,
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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