

(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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04/01/09--01038--009 **87.50







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TO: Amendment Section

Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: OIK Ford Golf Club Owners Asso (Name of Corporation) DOCUMENT NUMBER: N 29643	
The enclosed Resignation of Registered Agent for a Corporation and f	ee are submitted for filing
Please return all correspondence concerning this matter to the followir	ng:
Jim Unger	
Name of Person)	
(Name of Firm/Company)	
• • •	
(Name of Firm/Company) 4025 Cattlemen Rd PMB 169 (Address)	
4025 Cattlemen Rd PMB 169 (Address)	
4025 Cattlemen Rd PMB 169 (Address) Sarasota, FL. 34233 (City/State and Zip Code)	
4025 Cattlemen Rd PMB 169 (Address)	
4025 Cattlemen Rd PMB 169 (Address) Sarasota, FL. 34233 (City/State and Zip Code)	2-8401

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	s 607.0502(2), 617.0502(2),	607.1509, or 617.150	9,
Florida Statutes, the undersigned,	Jim Unger	stered Agent)	
	,	o ,	learned to
hereby resigns as Registered Agent for	or Oak HORD Golf (Name of C	Club OWNES A orporation)	<u>SSOCI</u> LIION, II K
N 29643			
(Document Number, if known)	· 		
A copy of this resignation was mailed	d to the above listed corpora	tion at its last known a	ddress.
The agency is terminated and the offithis statement is filed.	ce discontinued on the 31st	day after the date on w	hich
9	Mugger.		.
\mathcal{U}	(Signature of Resigning Agent)		SEG ALL
If signing on behalf of an entity:			題 3 万
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· · · · · · · · · · · · · · · · · · ·	(Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·	
	(Typed of Printed Name)		FL STA
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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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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

(Capacity)