

N31576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

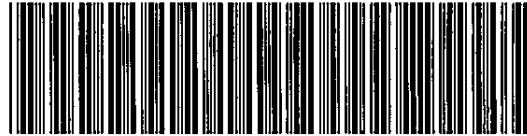
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263661317

09/15/14--01056--003 **87.50

FILED
14 SEP 15 PM 3:10

RA
Resign.

09-19-14

Dr

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ULTIMAR HOMESOWNERS ASSOC., INC.
(Name of Corporation)

DOCUMENT NUMBER: N 31576

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:

KIM KAZAR
(Name of Person)

ULTIMAR HOA, INC.
(Name of Firm/Company)

1560 GULF BL.
(Address)

CLEARWATER, FL 33767
(City/State and Zip Code)

For further information concerning this matter, please call:

KIM KAZAR at (727) 593-2144
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

CR2E046 (04/12)
Division of Corporations
Tallahassee, FL 32301
Mailing Address:
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 617.1509,

Florida Statutes, the undersigned, KEITH DA COSTA
(Name of Registered Agent)

hereby resigns as Registered Agent for ULTIMAN HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

N 31576
(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:

(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

FILED
16 SEP 15 PM 3:10