

N37891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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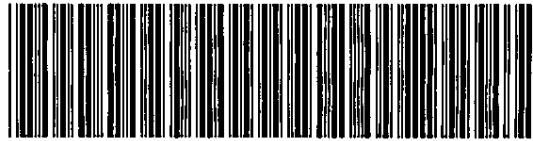
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resignation

JUL 27 2016

D CUSHING

COVER LETTER

Victoria Chase HOA
P.O. Box 608494
Orlando, FL 32860-8494

TO: Amendment Section
Division of Corporations

SUBJECT: Victoria Chase Homeowner Association Inc
(Name of Corporation)

DOCUMENT NUMBER: N37891

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:

Raymond Perez

(Name of Person)

6795 Brittany Chase Ct

(Name of Firm/Company)

(Address)

Orlando, FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

RAY PEREZ

(Name of Person)

at (407) 291 9158

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

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TALLAHASSEE, FL 32301

**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, Michelle Richardson

(Name of Registered Agent)

hereby resigns as Registered Agent for Victoria Chase Homeowners Association Inc

(Name of Corporation)

N37891

(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.

Michelle Richardson
(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

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