N37892

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)	<u>.</u>	
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
(Document Number)			
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S. YOUNG

ALLAHASSEE ELOBIE.

COVER LETTER

Ма	rilyn vince at (407 (Name of Person) at (407	644-4406 le & Daytime Telephone Number)
For fu	orther information concerning this matter, please call	
	(City/State and Zip Code)	_
Ма	itland, FL 32751	
	(Address)	_
932	N. Maitland Ave. Ste A	
	(Name of Firm/Company)	_
Тор	Notch Management Services	
	(Name of Person)	_
Ма	rilyn Vince	
Please	e return all correspondence concerning this matter to	the following:
The er	nclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing
DOC	UMENT NUMBER: N37892	
	(Name of Corpor	
SUBJ	ECT: Clarion Oaks Homeowners	Association, Inc.
TO:	Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Taflahassee, 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 617.1	1509.
Florida Statutes, the undersigned. Marilyn Vince	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Clarion Oaks Homeowners Associaiton,	, Inc.
(Name of Corporation)	
N37892	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	wn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	18 T8
(Typed or Printed Name)	FILED
(Capacity)	9: 04 10000A

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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