N38149

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
0.475.40
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



100253854501

11/20/13--01020--004 **87.50

SECRETARY OF STATE

APPROVED AND FILED

C. LEWIS

NOV 2 5 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Tangerine Trails Homeowners Association

DOCUMENT NUMBER: 1/38/49 ____

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:

Aprel A Woods
(Name of Person)

Tangerine Trails Homeowners Association

P.O. Box 1044

Kathleen FC 33849-1044

For further information concerning this matter, please call:

Aprel Woods at (603) 616-2119 (Area Code & Daytine 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

APPROVED AND FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

13 NOV 20 RM 1: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Curthath. Murphy (Name of Registered Agert)
hereby resigns as Registered Agent for Tangerine Trails Homeowners Association (Name of Corporation)
(Doctured Number, ifknown)
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 filled.
Huthan Murphy (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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