N47829

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ity/State/Zip/Phone #	f)			
	☐ WAIT				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
:					

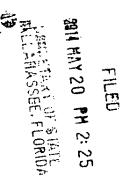
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Moignation

05/20/14--01001--016 **35.00



RA Resign

COVER LETTER

	Amenament Section Division of Corporations		
SUBJE	Heritage Acres Homeowne	ers Association	n of Brevard, Inc.
		ame of Corporation	on)
DOCUN	MENT NUMBER:N47829		
The encl	losed Resignation of Registered Agen	it for a Corpora	tion and fee are submitted for filing.
Please re	eturn all correspondence concerning t	this matter to th	e following:
Cla	rk Brown		
	(Name of Person)		
	,		
	(Name of Firm/Company)		
1223	3 Salmonberry Place		
	(Address)		
Rock	kledge, FL. 32955		
	(City/State and Zip Code)		
For furth	her information concerning this matte	r, please call:	
Cla	rk Brown	321 at ()	749-7323
	(Name of Person)		& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

REF. CHECK # 0457413

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

MAY 20 PM 2: 25

Pursuant to the provisions of sections		.0502(2), 607.1509, 6	
Florida Statutes, the undersigned,	Clark Brown		19
· · · · · · · · · · · · · · · · · · ·	,	ame of Registered Agent)	
hereby resigns as Registered Agent fo	Heritage Acres	s Homeowners Ass	ociation of Brevard, Inc
nereby resigns as registered rigent to	,	(Name of Corporation)	
N47829			
(Document Number, if known)			
A copy of this resignation was mailed	to the above liste	d corporation at its la	st known address.
The agency is terminated and the office this statement is filed.	ce discontinued or	n the 31st day after th	e date on which
Clark -	Burner of Resignin	g Agent)	
If signing on behalf of an entity:			
	(Typed or Printed N	lame)	

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)

REF. CHECK # 0457413