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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : WELTON & WILLIAMSON P.A.

Account Number : 119990000108 Phone : (850)682-2120 Fax Number : (850)689-0706

REGISTERED AGENT RESIGNATION

REBECCA ROAD HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge .	\$87.50

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: REBECCA ROAD HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)
DOCUMENT NUMBER: N48874
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:
Million L. Minntond
William L. Winstead (Name of Person)
(
(Name of Firm/Company)
6264 Winstead Rd.
(Address)
Crestview, FL 32539
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark Welton at (850) 682-2120 . (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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

CR2E046(11/02) (((H05000084977 3))) (((H050000849773)))

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, William L. Winstead	
(Name of Kegisteled Agent)	
hereby resigns as Registered Agent for REBECCA ROAD HOMEOWNERS ASSOCIATION, (Name of Corporation)	INC
N48874	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	77
The agency is terminated and the office discontinued on the 35555 day-after the date-on-which this-statement-is-filed.	m
Milliam Litural 8: 33 (Signature of Resigning Agent)	Ö
If signing on behalf of an entity:	
Withing L. Winstead (Typed or Printed Name)	
Faciotrical Same	

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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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