N49180

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



500262415675

07/30/14--01003--026 **35.00

TA JUL 30 RETU: 41

RARCS NO 8.11.14

COVER LETTER

TO: Amendment Section Division of Corporations		
MADERA PARK PROPERTY O SUBJECT:		·
ONAMO DOCUMENT NUMBER: N49180	e of Corporat	ion)
The enclosed Resignation of Registered Agent f	for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the	ne following:
I. Weston Wheeler		
(Name of Person)		
Wheeler & Traviss, P.A.		
(Name of Firm/Company)	 	
PO Box 1396		
(Address)		-
Winter Haven, FL 33882-1396		
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
I. Weston Wheeler	863	294-7461
at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

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,	
(Name of Registered Agent)	
MADERA PARK PROPERTY OWNER	S ASSOCI/
nereby resigns as Registered Agent for(Name of Corporation)	
•	
N49180	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date	on which
this statement is filed. (Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
	#7 (설 도표 작용
(Capacity)	14 JUL 39
	ည
	— 65 - 25 - 25
Place Control of the control	
Fee for filing this document:	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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