

N50250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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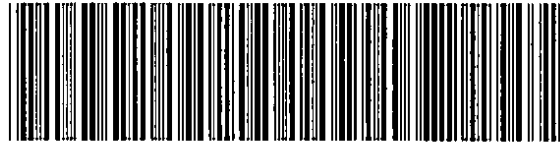
(Business Entity Name)

(Document Number)

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JAN 11 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SABAL GROVE HOMEOWNERS ASSOC. INC.
(Name of Corporation)

DOCUMENT NUMBER: 150250

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:

DENNIS WILKERSON
(Name of Person)

(Name of Firm/Company)

1003 JACARANDA CIR.
(Address)

ROCKLEDGE FL. 32955
(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS WILKERSON at (305) 905-3924
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, LEE ANN BRAVO

(Name of Registered Agent)

hereby resigns as Registered Agent for SABAL GROVE HOMEOWNERS ASSOC. INC.

(Name of Corporation)

N50250

(Document Number, if known)

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 filed.

SEE DECEMBER 17, 2018 RESIGNATION LETTER ENCLOSED

(Signature of Resigning Agent)

If signing on behalf of an entity:

DENNIS WILKERSON

(Typed or Printed Name)

DESIGNATED TREASURER / AGENT

(Capacity)

19 JAN - 2 11:30:05

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withdrawn corporation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