## N93000003090

. (Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	· - /
Certified Copies	_ Certificates	of Status
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RA Resign Tleuris 5-18-09

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Fairways-Lake Estate Community Association I
DOCUMENT NUMBER: N 9 3 00000 3 0 9 0
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:
Leste Wolane (Name of Person)
(Name of Person)
Association Nunuquest Group of Central FLInc. (Name of Firm/Company)
(Name of Firm/Company)
101 Park Place Blod Fr D
Kirshimmu Fu 34741 (City/State and Zip Code)
For further information concerning this matter, please call:
Leslic Wollan at (407, 847. 9950
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

PILED
RESIGNATION OF REGISTERED AGENT PM 12: 30 FOR A CORPORATION TALLAHASSEE, FLORIDA
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  Florida Statutes, the undersigned, ASSOCIATION Nurveyment Group of Cuttal FL  (Name of Registered Agent)
hereby resigns as Registered Agent for Fairways-Lake Estates Connupity (Name of Corporation)  17500000000000000000000000000000000000
N9300003090 (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

If signing on behalf of an entity:

this statement is filed.

Dorothy Arena
(Typed or Printed Name)

Sec/Treas.
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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