

N94000004053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

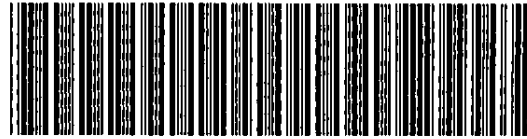
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600266352626

11/14/14--01011--011 \*\*87.50

FILED  
14 NOV 14 AM 10:38  
FBI/DOJ  
FBI/DOJ

DEC 01 2013  
C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Westchester Homeowners Association of Lake County Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N94000004053

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:

Kathy Kohn

(Name of Person)

eManagement of CFL Co.

(Name of Firm/Company)

P.O. Box 354667

(Address)

Palm Coast, FL 32135

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Kohn

(Name of Person)

at ( 352 ) 223-8069

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Kathy Kohn

(Name of Registered Agent)

hereby resigns as Registered Agent for eManagement of CFL Co.

(Name of Corporation)

N94000004053

(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.

Kathy Kohn  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Kathy Kohn

(Typed or Printed Name)

President

(Capacity)

FILED  
14 NOV 14 AM 10:36  
TALLAHASSEE, FLORIDA

**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