Ngloooc	05999
(Requestor's Name) (Address) (Address)	800336637018
(City/State/Zip/Phone #)	11/13/1501008012 **87.50
Certified Copies Certificates of Status	
Office Use Only	R. WHITE DEC 11 2009

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: The Woods at Kings Crest HOA Inc. (Name offorporation) DOCUMENT NUMBER: N9400005979

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:

estie Ludlam (Name of Person) Association Management Group of Central FL. Inc. 101 Park Place Blvd., Suitez Hissinnee FL 34741 (City/State and Zip Code)

For further information concerning this matter, please call:

eslie Ludlam at (<u>407</u>) <u>847-9950</u> (Name of Person) (Area Code & Davtime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046 (04/12)

## **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, <u>Leslie Ludlam clo Association Management</u> Group of Central (Registered Agent) hereby resigns as Registered Agent for <u>The Woods at King's Crest HOA.Thc</u>. (Name of Corporation)

N9400005979 (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.

(Signature of Resigning Agent) 201911113 MILL:5 If signing on behalf of an entity:

(Typed or Printed Name)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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