(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone) #)
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2009 JUN 30 PM 1:58
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Fox Meadow Estates	s Homeowners Association, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: N950	0000 1520
The enclosed Resignation of Regist	tered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
J Michael Blackstone	
(Name of Pers	Son)
J Michael Blackstone, P.A.	
(Name of Firm/Co	ompany)
7655 W Gulf to Lake Highway,	Suite 1
(Address)	
Crystal River, Florida 34429	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
J Michael Blackstone (Name of Person)	at (352) 794-0222 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to s35.00 for an administratively d	to the Florida Department of State for \$87.50 for an active corporation issolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENTO PM 1:58 FOR A CORPORATION SECRETARY OF STATE TALLAHASSEE. FLORIDE

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, J Michael Blackstone
(Name of Registered Agent)
nereby resigns as Registered Agent for Fox Meadow Estates Homeowners Association, In
(Name of Corporation)
N9500000 1520
(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 his statement is filed. (Signature of Resigning Agent)
f signing on behalf of an enrity:
J Michael Blackstone (Typed or Printed Name)
RELISTENCES AGENT
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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