8/27/2021

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000322201 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911

Fax Number : (904)396-0663

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

jcassell@rtlaw.com Email Address:\_

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## REGISTERED AGENT RESIGNATION RIVER TOWN OF JACKSONVILLE, INC.

Certificate of Status	0
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S. PRATHER

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To: 8506176380

H210003222013

#### **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
River Town of Jacksonville, Inc.		
	(Name of Corpora	ition)
DOCUMENT NUMBER: N95000001637		
The enclosed Resignation of Registered A	gent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerni	ng this matter to	the following:
H. Joseph O'Shields		
(Name of Person)	<u>.                                    </u>	_
Rogers Towers, P.A.		
(Name of Firm/Company	)	_
1301 Riverplace Blvd. Suite 1500		
(Address)		_
Jacksonville, Florida 32207		
(City/State and Zip Code)	)	_
For further information concerning this m	atter, please call:	
H. Joseph O'Shields	904 at (	673-1692
(Name of Person)	(Area Cod	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

From: ROGERSTOWERS

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, H. Joseph O'Shields
(Name of Registered Agent)
hereby resigns as Registered Agent for River Town of Jacksonville, Inc.
(Name of Corporation)
N95000001637
(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.
Hyoseth others
(Signature of Resigning Agent)
If signing on behalf of an entity:  H. Joseph O'Shields
H. Joseph O'Shields
(Typed or Printed Name)
Officer/Registered 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