

N95000005823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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03/08/16--01028--025 **2.50

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2016 MAR -7 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / RES

MAR 09 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shendan Glen Homeowners Association
(Name of Corporation)

DOCUMENT NUMBER: N95000005323

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:

David Menendez
(Name of Person)

Top Service Property Management
(Name of Firm/Company)

5901 NW 151st #100
(Address)

Miami Lakes, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

David Menendez at (786) 333-5454
(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State for ~~\$87.50 for an active corporation~~ or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2016

DAVID MENENDEZ
SHERIDAN GLEN HOMEOWNERS' ASSOCIATION
5901 NW 151 STREET #100
MIAMI LAKES, FL 33014

SUBJECT: SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N95000005323

We have received your document for SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You have references 2(two) corporations, one beign a (LLC) and the other one a non-profit corporation. Please verify which corporation you want the resignation filed for. The fee for the non-profit corporation is \$87.50 and the limited liability company is \$85.00 which we already have.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 616A00003684

RECEIVED

16 MAR -7 PM 4:50

Corporation that needs resignation
is N95000005323
Corrected Cover Sheet!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2016

DAVID MENENDEZ
TOP SERVICE PROPERTY MANAGEMENT LLC
5901 NW 151 STREET #100
MIAMI LAKES, FL 33014

SUBJECT: SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N95000005323

We have received your document for SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$2.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 216A00002441

RECORDED
16 FEB 22 AM 8:27

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.

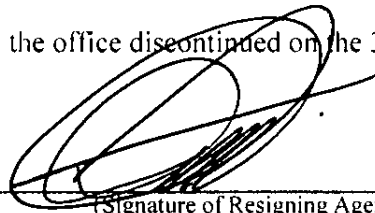
Florida Statutes, the undersigned, Top Service Property Management
(Name of Registered Agent)

hereby resigns as Registered Agent for Sheridan Glen Homeowners Association
(Name of Corporation)

N95000005323
(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.

X 

(Signature of Resigning Agent)

If signing on behalf of an entity:

David Menendez

(Typed or Printed Name)

Manager

(Capacity)

2016 MAR -7 AM 7:46
FILED
SECRETARY OF STATE
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