

N960000001446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

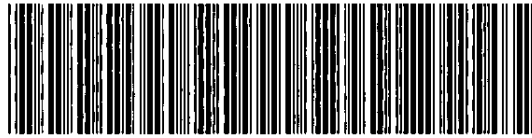
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000157085710

06/19/09--01030--012 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 19 AM 9:22

FILED

R.A. Resign.

TB

6/22/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAGUNA PONDS HOMEOWNER ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N96000001446

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBEN BERTRAN  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

11767 SOUTH DIXIE HWY., #136  
(Address)

MIAMI, FL 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN BERTRAN at ( 305 ) 233-4460  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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**

**FILED**  
2009 JUN 19 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, RUBEN BERTRAN  
(Name of Registered Agent)

hereby resigns as Registered Agent for LAGUNA PONDS HOMEOWNER ASSOCIATION, INC.  
(Name of Corporation)

N96000001446  
(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.

R. Bertran  
(Signature of Resigning Agent)

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**