## 19600003493

(Re	equestor's Name)	<del></del>	
. (Ac	idress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
ALLAHASSEE, FLORID



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Church Street Home	owner's Association, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: N9600	00003423
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
John S. Andrews	
(Name of Pers	on)
John S. Andrews P	.A.
(Name of Firm/Co	mpany)
1501 NE 4 Avenue	
(Address)	
Fort Lauderdale, FL	_ 33304
(City/State and Zip	Code)
For further information concerning	this matter, please call:
John Andrews	at (954) 522-6700 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to say \$35.00 for an administratively di	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned, John S. Andrews	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Church Street Homeowner's Associa	ition, Inc.
(Name of Corporation)	
N9600003423	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day after the dathis statement is filed.	ite on which
If signing on behalf of an entity:	
John S. Andrews	
(Typed or Printed Name)	FIL OCT 22 CRETAR LAHASS
Registered Agent	L13
(Capacity)	PH 1:57  OF STATE E. FLORIDA
Fee for filing this document:	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active corporation