N9600000 4326

(Re	equestor's Name)		Ì
(Ac	ddress)		<u> </u>
(Ac	ddress)		<u> </u>
(Ci	ty/State/Zip/Phone	e #)	<u> </u>
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	<u> </u>
(Do	ocument Number)	·	<u> </u>
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
	Office Use On	ly	



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SLOWEDARY OF STAFF
FALL THANKS SEE OF THE STAFF

JAN 21 2019

COVER LETTER

TO: Amendment Section Division of Corporations	
Resigning Agent SUBJECT:	
(N	lame of Corporation)
DOCUMENT NUMBER: N96000004326	
The enclosed Resignation of Registered Age	nt for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
FREDERICK THOMPSON	
(Name of Person)	
WOODS OF MONTEOCHA PROPERTY OWNER	S' ASSOCIATION
(Name of Firm/Company)	
2831 NW 41ST STREET STE D	
(Address)	1
GAINESVILLE, FL 32606	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Caroline Worrall	352 378-4814 at ()
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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, FREDERICK THOMPSON	
(Name of Registered Agent)	
hereby resigns as Registered Agent for WOODS OF MONTEOCHA PROPERTY OWNERS' ASSOCIA'	
(Name of Corporation)	
N96000004326	
(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.	
And I 2 2	
(Signature of Resigning Agent)	
(Signature of Resigning Agent) If signing on behalf of an entity:	
if signing on octain or an entity.	
(Typed or Printed Name)	
(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withdrawn corporation	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:	
Divisioù of Corporations P.O. Box 6327	
Tallahassee, F1, 32314	