## N9600000530/

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me).
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status <u>* : : : : :</u> :
Special Instructions to	Filing Officer:	





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12/07/09--01013--016 \*\*87.50

RA Lesson Filton Station Station

## **COVER LETTER**

SUBJECT: Carriage Trail Homeowners' Association, Inc. (Name of Corporation)	
DOCUMENT NUMBER: N9600005301	
The enclosed Resignation of Registered Agent for a Corporation and fee a	re submitted for filing
Please return all correspondence concerning this matter to the following:	
Garry Griffin	
(Name of Person)	
Bosshardt Property Management, Inc.	
(Name of Firm/Company)	
2123 SW 20th Place	
- (Address)	
Ocala, FL 34471	
(City/State and Zip Code)	·
For further information concerning this matter, please call:	
Garry Griffin at ( 352 ) 671-8203	
(Name of Person) (Area Code & Daytime Tel-	ephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



## 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, Bosshardt Property Management, INc.  (Name of Registered Agent)
hereby resigns as Registered Agent for Carriage Trail Homeowners' Association, Inc.  (Name of Corporation)
N9600005301
(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.
James M. M. (Signature of Resigning Agent)
If signing on behalf of an entity:
Garry Griffin
(Typed or Printed Name)
Sr. Vice President
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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