

N97000000247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

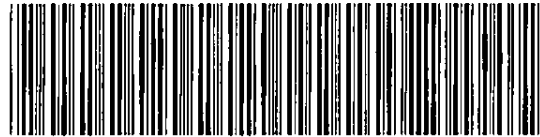
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

The resigning officer
on the application is
not listed under the
entity

Office Use Only



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07-28-25

05/07/25--01039--02: *\$87.50

2025 MAY -7 PM 2:48

FILED

Kenneth S. Direktor
Shareholder
Chair of Community Association Practice Group
Board Certified Specialist, Condominium and
Planned Development Law
Phone: 954.965.5050 Fax: 954.985.4176
kdirektor@beckerlawyers.com

Becker

Becker & Poliakoff
1 East Broward Blvd.
Suite 1800
Ft. Lauderdale, FL 33301

May 2, 2025, 2025

VIA U.S. MAIL

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Pembroke Falls Phase Four Homeowner's Association, Inc.
Document Number: N97000000247

Enclosed please find an executed Resignation of Registered Agent Form for the above referenced corporation along with a check no. 4719 in the amount of \$87.50 to cover the cost of filing.

Should you have any questions or comments whatsoever, please contact the undersigned.

Sincerely,



Kenneth S. Direktor
For the Firm

KSD/tf
Enclosures

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2025 MAY -7 PM 2:48

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, BECKER & POLIAKOFF, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Pembroke Falls Phase Four Homeowner's Association, Inc.
(Name of Corporation)

N97000000247

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Kenneth S. Direktor

(Typed or Printed Name)

Attorney

(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withdrawn corporation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**