N 970000 2203

| (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



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19 FEB 14 FH 6: 21

FEB 1 9 2019 S. YOUNG

COVER LETTER

| TO: Amendment Section Division of Corporations |
|-------------------------------------------------------------------------------------------------|
| SUBJECT: Remington Tract 1-A NOA Tro. (Name of Corporation) |
| DOCUMENT NUMBER: N9700007.203 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Leslie Ludlan (Name of Person) |
| Association Management Group of Central FL Inc. |
| 101 Park Place Blvd., Suite 2. (Address) |
| hissinnee FL 34741 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Leslie Ludlam at (407) 847-9950 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

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 617.1 | 509. |
|-----------------------------------------------------------------------------------------------------------------|-------------|
| Florida Statutes, the undersigned. Leslie Ludhm Association M. Group of Centham (Registered Agent) | angement |
| hereby resigns as Registered Agent for <u>Remington Tract I-A H</u> (Name of Corporation) | OA Inc. |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last know | vn address. |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. | on which |
| (Signature of Resigning Agent) | 19 |
| If signing on behalf of an entity: | EB 14 |
| (Typed or Printed Name) | FH 6: 21 |

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

(Capacity)