National Dog 5242

City/State/Zip

Phone #

Office Use Only

| CORPORATION NAME(S) & 1 | DOCUMENT NUMBER(S), (if known): |
|----------------------------------|--|
| 1 | |
| (Corporation Name) | (Document #) |
| 2 | |
| (Corporation Name) | (Document #) |
| 3 | |
| (Corporation Name) | (Document #) |
| 4 | |
| (Corporation Name) | (Document #) |
| Walk in Pick up tin | |
| Mail out Will wait | Photocopy Certificate of Status |
| NEW FILINGS | AMENDMENTS |
| ☐ Profit | |
| Not for Profit | Amendment Resignation of R.A., Officer/Director |
| Limited Liability Domestication | Change of Registered Agent |
| Other | Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark |
| OTHER FILINGS | REGISTRATION/QUALIFICATION |
| Annual Report | □ Foreign |
| ☐ Fictitious Name | Limited Partnership Reinstatement |
| | Trademark Q 1 |

☐ Other

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

| I, Robert C. Seal , I | hereby resign as Director (Title) | · <u> </u> |
|--|--|--------------------|
| of Lake Roper Pointe Homeowner's Asso (Name of Corpora | | |
| a corporation organized under the laws of the State of | Florida | |
| and affirm that the corporation has been notified in writing the c | gning of the resignation. ALLAHASS STATE OF STATE | OI SEP 20 PM 3: 25 |

FILING FEE IS \$35.00

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