## N9700006744

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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in a 04/22/14--01019--020 \*\*87.50

APR 3 0 2014

C. CARROTHERS



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
The Preserve of Little Gasparilla Phase 11  SUBJECT: Property Owners Association, INC.  (Name of Corporation)		
SUBJECT: Property Owners Association, INC.		
DOCUMENT NUMBER: N 970000 6744		
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:		
Dennis J. Tracy (Name of Person)		
(Name of Person)		
(Name of Firm/Company)		
121 N.E. 31d. 5+.		
121 N.E. 31d. 5+. (Address)		
Gaineruille, Fl., 3260/		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Dennis J. Tracy at (941) 468-6247  (Name of Person) (Area Code & Daytime Telephone Number)		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
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

rsuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
orida Statutes, the undersigned, Dennis J. Tracy
orida Statutes, the undersigned,  Dewis J. Tracy  (Name of Registered Agent)  The Preserve of Little Gasparilla  reby resigns as Registered Agent for Phase 11 Property Owners Association, INC  (Name of Corporation)
N9700006744
(Document Number, if known)
copy of this resignation was mailed to the above listed corporation at its last known address.
s statement is filed.  (Signature/of Resigning Agent)
signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)  APR 22
Fee for filing this document: \$87.50 - Active Corporation
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

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

withdrawn corporation