## N98000006854

(Requestor's Name)
(Address)
(Address)
(122-2-2)
(6) (9) (7) (9)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coordinate)
Configuration of Chattan
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Resign 1/5/19

## **COVER LETTER**

Division of Corporations	
SUBJECT: Debary Plantation Unit 17 Homeowners Association Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: N98000006854	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fill	ing.
Please return all correspondence concerning this matter to the following:	
Theresa Sutherland	
(Name of Person)	
Sutherland Management Inc.	
(Name of Firm/Company)	
107 N. Line Drive	
(Address)	
Apopka, FL 32703	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Theresa Sutherland (Name of Person) at (407) 774-7262 (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of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, _	Theresa Sutherland
riolida Statutes, the undersigned	(Name of Registered Agent)
hereby resigns as Registered Agent	for Debary Plantation Unit 17 Homeowners Association Inc (Name of Corporation)
N98000006854	(Name of Corporation)
(Document Number, if known)	<del></del>
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	Tice discontinued on the 31st day after the date on which  (Signature of Resigning Agent)
If signing on behalf of an entity:	
Theresa Su	therland
	(Typed or Printed Name)
CEO	(Capacity)
	(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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