

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200320768102

11/15/18--01002--018 \*\*\$25.00

18 NOV 15 AM 5: 13

NOV 2 7 2018 S. YOUNG

## **COVER LETTER**

SUBJE O	(N: MENT NUMBER: N990000033	ame of Corporat 31	ion)
	losed Resignation of Registered Ager		ation and fee are submitted for filing.
Please re	eturn all correspondence concerning	this matter to t	he following:
Erik	Whynot		_
	(Name of Person)		-
Garf	finkel Whynot		
	(Name of Firm/Company)	•	-
300	N. Maitland Ave.		
	(Address)		-
Mait	land, FL 32751 (City/State and Zip Code)	<del></del> -	-
For furth	her information concerning this matte	r, please call:	
Lind	sey Burt (Name of Person)	at (407	610-2011 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	07.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned. Gar	rfinkel Whynot		
(Name of Registered Agent)			
hereby resigns as Registered Agent for	PORTOFINO VILLAGE HOMEOWNERS ASSOCIATION, INC.		
merco's resigns as registered rigent for	(Name of Corporation)	-	
N99000000331			
(Document Number, if known)			
The agency is terminated and the office this statement is filed.	o the above listed corporation at its last known address.  discontinued on the 31st day after the date on which  ignature of Resigning Agent)		
		至二	
Erik Whynot		ڢ	
	(Typed or Printed Name)	13	
Founding Part	iner		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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