N99 000004565

(Requestor's Name)	
:(Address)	1003579
. (City/State/Zip/Phone #)	
. PICK-UP WAIT MAIL	01/13/21010
(Business Entity Name)	
(Document Number)	
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COVER LETTER

10:	Division of Corporations	
SUBI	Waterford Crossings Property Owners Association, Inc.	
00190	(Name of Corporat	ion)
DOC	UMENT NUMBER: N99000004565	
The e	nclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing
Please	e return all correspondence concerning this matter to t	he following:
Kimbe	erly Page	
	(Name of Person)	-
South	ern Storage Management Systems, Inc.	
	(Name of Firm/Company)	-
3300 I	PGA Blvd Suite 350	
	(Address)	-
Palm l	Beach Gardens, FL 33410	
	(City/State and Zip Code)	-
For fu	arther information concerning this matter, please call:	
Kimbe	erly Page 561	775-7393
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	Peter V. Cowie		
	(Name of Registered Agent)		
hereby resigns as Registered Agent for Waterford Crossings Property Owners Association, Inc. (Name of Corporation)			
neredy resigns as registered riger	(Name of Corporation)		
N99000004565			
(Document Number, if known)			
A copy of this resignation was ma	tiled to the above listed corporation at its last known address.		
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which		
	Mari		
	(Signature of Resigning Agent)		
If signing on behalf of an entity:			
	(Typed or Printed Name)		
	(Typed of Frinted Name)		
	-		
	(Capacity)		
	in the second		
	r filing this document:		
	- 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withdrawn corporation