# N99 00000 4876

(Requ	uestor's Name)
(Addr	ress)
(Addr	ess)
(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
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2021 APR 19 AM 8: 05

### FLORIDA DEPARTMENT OF STATE

Division of Corporations

SEC. AND AND TALL AND

March 30, 2021

ASHLEY TREADWAY PO BOX 906 EUSTIS, FL 32727

SUBJECT: QUAIL RIDGE HOMEOWNERS ASSOCIATION OF LAKE COUNTY,

INC.

Ref. Number: N99000004876

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Registered Agent resigning must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00006643

Querida R Moore Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

mendment Section ivision of Corporations	
Quail Ridge Homeowners association of Lake Count	y Inc.
(Name of Corp	poration)
ENT NUMBER: N99000004876	
osed Resignation of Registered Agent for a Cor	rporation and fee are submitted for filing.
urn all correspondence concerning this matter	to the following:
adway	
(Name of Person)	<del></del>
e Homeowners association of Lake County Inc.	
(Name of Firm/Company)	<del></del>
5	
(Address)	<del></del>
32727-0906	
(City/State and Zip Code)	
er information concerning this matter, please ca	all:
adway 352 at (	408-0924
(Name of Person) (Area C	Code & Daytime Telephone Number)
i I I i i i i i i i i i i i i i i i i i	Quail Ridge Homeowners association of Lake Count  (Name of Corp. ENT NUMBER: N99000004876  sed Resignation of Registered Agent for a Court all correspondence concerning this matter adway  (Name of Person)  Homeowners association of Lake County Inc.  (Name of Firm/Company)  (Address)  32727-0906  (City/State and Zip Code)  r information concerning this matter, please candway

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 MULL APR 19 PM 1: 20

2027 11 17 17 17 17 20

	SECRETURY OF STATE
Pursuant to the provisions of section	ns 607.0503(2), 617.0502(2), 607.1509, or 617/1509, EE, EL
Florida Statutes, the undersigned,	Angela Hufstedler
riorida statutes, the undersigned,	(Name of Registered Agent)
hereby resigns as Registered Agent	Quail Ridge Homeowners association of Lake County Inc.
neroby resigns as registered rigent	(Name of Corporation)
N99000004876	
(Document Number, if known)	
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.	fice discontinued on the 31st day after the date on which
$\bigcirc$	· Lay latte Martin

If signing on behalf of an entity:

Quail Ridge Homeowners association of Lake County Inc.			
	(Typed or Printed Name)		
Registered agent			
	(Capacity)		

(Signature of Resigning Agent)

#### 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