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| (City/State/Zip/Phone #)                |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
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| (Business Entity Name)                  |  |  |
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| (Document Number)                       |  |  |
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| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
| Special instructions to Filing Officer. |  |  |
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Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

| Westwinds Davelopment<br>Inc |   |
|------------------------------|---|
| (1) (2) 835.00<br>(3) 835.00 | Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search |
| Signature  Requested by:     | Officer SearchFictitious SearchVehicle SearchDriving RecordUCC 1 or 3 File  |
| Name Date Time               | UCC 11 Search   |

UCC 11 Retrieval\_

Courier

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617  | '.1509,   |
|--|---|
| Florida Statutes, the undersigned, Connection, (Name of Registered Agent)  | Inc   |
| hereby resigns as Registered Agent for Westwinds Devel   | <u>iopment</u> Inc                                |
| P0400001200<br>(Document Number, if known)   |   |
| A copy of this resignation was mailed to the above listed corporation at its last known  | own address.                                      |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.  (Signature of Resigning Agent) | e on which  |
| If signing on behalf of an entity:   | <b>07</b><br>SE                                   |
| Leilani White (Typed or Printed Name)  | APPI<br>A<br>FIL<br>APR 23<br>CRETAR)<br>LAHASSI  |
| (Typed of Frince Panie)  | PROV<br>AND<br>FILED<br>23 PM<br>ARY OF<br>SSEE.F |
| Registered Agent Coordinator   | 761.<br>761.<br>761.<br>761.                      |
| (Capacity)   | DRA ::  |

## 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