P040000048714

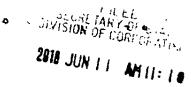
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000313305250

06/11/18--01046--001 **770.00



COVER LETTER

Division of Corporations			
Tiffany Woods Communit	ty Developers, Ir	nc.	
DOCUMENT NUMBER: P04000048	(Name of Corpor 3714	ration)	_
The enclosed Resignation of Registered	Agent for a Corp	oration and fee are submitted	d for filing.
Please return all correspondence concern	ning this matter to	the following:	
ROBERT M. KUSH			
(Name of Person)		<u> </u>	
(Name of Firm/Compar	ny)		
837 OAK PARK DRIVE			
(Address)			
MELBOURNE, FLORIDA 32940			
(City/State and Zip Coc	ie)	_	
For further information concerning this	matter, please call	1:	
ROBERT M. KUSH	321 at (432-4207	
(Name of Person)		de & Daytime Telephone Num	iber)

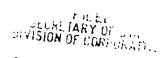
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046 (04/12)



RESIGNATION OF REGISTERED AGENTY JUN 11 AM11: 10

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
(Name of Registered Agent)
Tiffany Woods Community Developers, Inc.
(Name of Corporation)
P04000048714
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) If signing on behalf of an entity:
is signing on behalf of an entity.
Robert M. Kush
(Typed or Printed Name)
(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