1204000110051

| (Requi | estor's Name) | |
|------------------------------|----------------|-------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phor | ie #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Na | me) |
| (Docu | ment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fili | ing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations Windsor Lakes Community Developers, Inc. (Name of Corporation) DOCUMENT NUMBER: P04000110051 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anne Herstol (Name of Person) Prince CPA Group (Name of Firm/Company) 9161 Narcoossee Road Ste 202 (Address) Orlando, FL 32827 (City/State and Zip Code) For further information concerning this matter, please call: Anne Herstol (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, Keith Buescher |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Windsor Lakes Community Developers, Inc. |
| (Name of Corporation) |
| P04000110051 |
| (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. |
| Keich Buchan |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| Keith Bueschen (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withdrawn corporation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