P05000098849

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	Creekview Ranch, Inc.	
	(Name of Corporation	on)
DOC	UMENT NUMBER: P05000098849	
The e	enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to th	e following:
Malco	olm E. Stokes	
	(Name of Person)	
Creek	view Ranch, Inc.	
	(Name of Firm/Company)	
308 C	reekview Road	
	(Address)	
Venus	s, FL 33960	
	(City/State and Zip Code)	
For fu	urther information concerning this matter, please call:	
Malco	olm E. Stokes 863	202-0256
		& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or	617.150	9,	
Florida Statutes, the undersigned, Diane E. Stokes			_
(Name of Registered Agent)			
hereby resigns as Registered Agent forCreekview Ranch, Inc.			
(Name of Corporation)			<u> </u>
P05000098849			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last	known	addres	is.
The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	date on	which	
(Signature of Resigning Agent)			
If signing on behalf of an entity:	TALLAHAS	2022 JUN 24	<u> </u>
(Typed or Printed Name)	RY OF SHA SSEE, FLORI	24 AM 11:4	

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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

(Capacity)