

P140000 80593

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15 MAY 11 AM 11:27  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

C.L.  
5-18-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CONCERNED CITIZENS OF MAINLANDS Section  
(Name of Corporation) THREE ASSOCIATION, INC.  
**DOCUMENT NUMBER:** P14000080593

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:

J. M. WALLIS, PA  
(Name of Person)  
(Name of Firm/Company)  
1937 E. ATLANTIC BLVD. STE 104  
(Address)  
POMPANO BEACH, FL 33060  
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER E. S. WALLIS at 954 941 9005  
(Name of Person) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAY 11 AM 11:27

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

J. M. WALLIS, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for

CONCERNED CITIZENS OF MAINLANDS SEASON

(Name of Corporation)

CITIZEN ASSOCIATION INC

P14000080593

(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.

John M Wallis

(Signature of Resigning Agent)

If signing on behalf of an entity:

JOHN M. WALLIS

(Typed or Printed Name)

PRESIDENT

(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withdrawn corporation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**