## P96000020183

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | <b>⇒</b> #) |
| PICK-UP                 | ☐ WAIT            | MAIL.       |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
| ,                       |                   |             |
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SECRETARY OF STATE DIVISION OF CORPORATION

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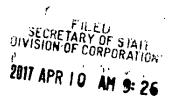
## **COVER LETTER**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0302(2), 617.0302(2), 607.1309, or 617.1309,                               |
|---|
| Florida Statutes, the undersigned, Sara K Flint   |
| (Name of Registered Agent)  |
| hereby resigns as Registered Agent for IH New Tampa Homes, Inc.   |
| (Name of Corporation)   |
| P9600020183   |
| (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. |
| Sandly (Signature of Resigning Agent)   |
| If signing on behalf of an entity:  |
|   |
| (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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