ě	P9800007	7989
•	SHAKON MUNOZ PO BOX 520445 LONDWOOD X SZISZ-0445 City/State/Zip Phone #	<b>400008043994</b> 2 -09/26/0201016015 *****122.50 *****87.50

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
(Corporation Name) 4.	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS         Profit         Not for Profit         Limited Liability         Domestication         Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	REGISTRATION/QUALIFICATION Foreign Limited Partnership P98000079999 Reinstatement Trademark Other 2P30
CR2E031(7/97)	<b>Examiner's Initials</b>

## **RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>Sharon Munoz</u>
(Name of registered agent)
hereby resigns as Registered Agent for <u>Timeshares by Owner of Longwood</u> InC.

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11:59

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.

ignature 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 corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314