## 723291

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
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RA Resign Tlews 7-8-08



## **COVER LETTER**

10;	Division of Corporations
SUBJ	ECT: High Point of Delray Condominium Assoc. Sec. 4, Inc.
	(Name of Corporation)
DOC	MENT NUMBER: 723291
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Rona	ıld S. Kaniuk, Esq.
	(Name of Person)
RSK	Registered Agents
	(Name of Firm/Company)
3835	NW Boca Raton Blvd., Ste. 200
	(Address)
Boca	Raton, FL 33431
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
Rona	d S. Kaniuk at (561) 869-0200  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division Cliftor 2661 E	Address:  ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
ALEGE SALVE
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, RSK Registered Agents
(Name of Registered Agent)
hereby resigns as Registered Agent for High Point of Delray Condominium Assoc. Sec.
(Name of Corporation)
723291
(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.  (Signature of Resigning Agent)
If signing on behalf of an entity:
Ronald Scott Kaniuk, Esq.
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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