769150

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500376888895

11/24/21--01012--019 **87.50

2621日 11 24 届 7:41

RARES

DEC 1 4 2021

ALBRITTON

COVER LETTER

SUBJECT:	(Name of Corp	poration)
DOCUMENT NUMBER: 769150		
The enclosed Resignation of Registered A	Agent for a Co	rporation and fee are submitted for filing
Please return all correspondence concern	ing this matter	to the following:
Kim Balaskiewicz		
(Name of Person)		
Madison Property Management Solutions		
(Name of Firm/Company	<i>i</i>)	
6960 Bonneval Road Suite 302		
(Address)		
Jacksonville, FL 32216		
(City/State and Zip Code	:)	
For further information concerning this m	natter, please c	all:
Irene Richardson	904 at (641-1858
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

TO: Amendment Section

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	007.0303(2), 017.0302(2), 007.1309, or 017.1309,
Florida Statutes, the undersigned, Mad	dison Property Management Solutions, LLC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Seawind Condominium Association, Inc.
nereby resigns as Registered Agent to	(Name of Corporation)
769150	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	Signature of Rosigning Agent)
If signing on behalf of an entity:	(Typed or Printed Name)
Kim Bałaskiewicz	
	(Typed or Printed Name)
Ŋ	\$\frac{1}{2}

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)