N03000002240

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RA Resign

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T. Reberts APR 3 0 2007

COVER LETTER

Amendment Section Division of Corporations
CT: Rosemary Park Condominium Association, Inc. (Name of Corporation)
•
MENT NUMBER: N03000002240
losed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
eturn all correspondence concerning this matter to the following:
Williams, President
(Name of Person)
nary Park Condominium Association, Inc.
(Name of Firm/Company)
Boulevard of the Arts
(Address)
ota, Florida 34236
(City/State and Zip Code)
ner information concerning this matter, please call:
M. Kenny, Esquire at (813) 314-4500
(Name of Person) (Area Code & Daytime Telephone Number)
d is a check made payable to the Florida Department of State for \$87.50 for an active corporation of for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section of Corporations Building Coutive Center Circle see, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
Williams, President (Name of Person) nary Park Condominium Association, Inc. (Name of Firm/Company) Boulevard of the Arts (Address) ota, Florida 34236 (City/State and Zip Code) ner information concerning this matter, please call: M. Kenny, Esquire (Name of Person) d is a check made payable to the Florida Department of State for \$87.50 for an active corporation of or an administratively dissolved, voluntarily dissolved or withdrawn corporation. ddress: Mailing Address: Amendment Section of Corporations Building Post Office Box 6327 Tallahassee, FL 32314 see, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Ke	vin M. Kenny, Esquire (Name of Registered Agent)
1 1 2 7 7 7 1 1 1 1 1 1 1 1 1	Rosemary Park Condominium Association, Inc.
hereby resigns as Registered Agent for	(Name of Corporation)
N03000002240	
(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 this statement is filed. (Signing on behalf of an entity:	discontinued on the 31st day after the date on which Typed or Printed Name)
(**************************************	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