N18301

(Requestor's Name)		
(Address)		
(Address)		
(Hadioss)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
(Document Number)		
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SECRETARY OF SHATE TALL AHASSEE, FLORID

RA. Lenga C.COULLIETTE

SEP 0 1 2009

EXAMINER

COVER LETTER

10:	Division of Corporations
SUBJ	ECT: Derby Downs Condominium Association, Inc. (Name of Corporation)
DOCI	UMENT NUMBER: N18301
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Garr	y Griffin
	(Name of Person)
Boss	shardt Property Management, Inc.
	(Name of Firm/Company)
2123	3 SW 20th Place
	(Address)
Oca	la, FL 34471
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Garr	y Griffin at (352) 671-8203 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Bos	sshardt Property Management, Inc. (Name of Registered Agent)		
hereby resigns as Registered Agent for	Derby Downs Condominium Association, Inc. (Name of Corporation)		
N18301			
(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. Many Terminated and the office this statement is filed.	discontinued on the 31st day after the date on which		
If signing on behalf of an entity:	AUG 28 AH		
(**	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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