

N98 000006782

(Requestor's Name)

(Address)

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(Business Entity Name)

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2019 DEC -9 AM 8:45  
STATE

R/A-Resign

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JAMES ISLAND HOMEOWNERS ASSOCIATION OF JACKSONVILLE INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N98000006782  
\_\_\_\_\_

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNDA WICK  
\_\_\_\_\_  
(Name of Person)

MADISON PROPERTY MANAGEMENT SOLUTIONS LLC  
\_\_\_\_\_  
(Name of Firm/Company)

6960 BONNEVAL ROAD SUITE 302  
\_\_\_\_\_  
(Address)

JACKSONVILLE, FLORIDA 32216  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

IRENE RICHARDSON at ( 904 ) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:**  
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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

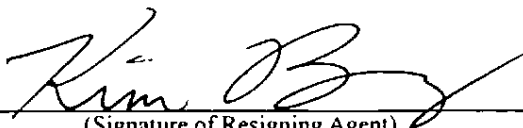
Florida Statutes, the undersigned, MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC  
(Name of Registered Agent)

hereby resigns as Registered Agent for JAMES ISLAND HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.  
(Name of Corporation)

N98000006782  
(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:

KIM BALASKIEWICZ  
(Typed or Printed Name)

MANAGING MEMBER  
(Capacity)

2019 DEC -9 AM 8:45  
FILED

**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