144361

(Re	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #/	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Butler Park Condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: N44361
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:
Michael A. Kolcun (Name of Person)
(Name of Firm/Company)
6960 Bonneval Road, Suite 202 (Address)
Jacksonville, Florida 32216
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael A. Kolcun at (904) 296-8800 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 60	97.1509, or 617.1509,
Florida Statutes, the undersigned, Michael A. Kolcun (Name of Registe	ered Agent)
hereby resigns as Registered Agent for The Butler Park C	condominium Association, Inc
N44361	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation	on at its last known address.
The agency is terminated and the office discontinued on the 31st dathis statement is filed.	ny after the date on which
(Signature of Resigning Agent)	•
If signing on behalf of an entity:	06 DEC 26 TALLAHASS
(Typed or Printed Name)	AM 10: 49 SEE. FLORIG

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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