## N0600000714

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
•		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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08/16/10--01011--032 \*\*87.50

RA Resign

10 AUG 16 AM ID: 34
SECRETARY DESTAINS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: 45 Cwence Condo mi vuin Association INC
DOCUMENT NUMBER: N 06 00 00 00 749
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:
Malia & Barreto (Name of Person)
LAS MANGCEMENT INC (Name of Firm/Company)
8181 NW 15-4 St. 270 (Address)
Mi Ami Lakes 41 33016 (City/State and Zip Code)
For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, TRS MCMacle Agent)
hereby resigns as Registered Agent for #5 Avenue Could minutin Association (Name of Corporation)
(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.
Maria & Saruto (Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
GRS MANAGEMENT, Inc (Typed or Printed Name)
President 2
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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