

708618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

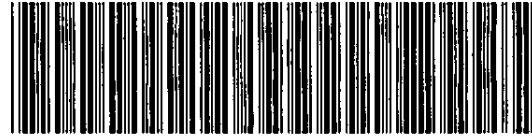
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500249321185

500249321185
07/08/13--01005--016 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL - 8 AM 10:52

FILED

C. LEWIS
JUL 11 2013
EXAMINER



121 Alhambra Plaza, 10th Floor
Coral Gables, Florida 33134
Phone: (305) 262-4433 Fax: (305) 442-2232

ADMINISTRATIVE OFFICE
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312
954.987.7550

July 1, 2013

Reply To:
Michael C. Góngora, Esq.
Direct Dial: (305) 260-1014
MGongora@becker-poliakoff.com

WWW.BECKER-POLIAKOFF.COM
BP@BECKER-POLIAKOFF.COM

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 1500 Coral Towers Condominium, Inc.
Document No. 708618

Dear Sir or Madam:

Enclosed please find an executed Resignation of Registered Agent Form for the above-referenced corporation along with a check in the amount of \$87.50 to cover the cost of filing.

Should you have any questions or comments whatsoever, please contact the undersigned.

Sincerely,

Michael C. Góngora
For the Firm

MCG/ag
Enclosure
ACTIVE: F16690/323210:4832481_1

- FT. LAUDERDALE
- FT. MYERS
- FT. WALTON BEACH
- MIAMI
- MIRAMAR
- MORRISTOWN
- NAPLES
- NEW YORK
- NORTHERN VIRGINIA
- ORLANDO
- PRAGUE
- RED BANK
- SARASOTA
- STUART
- TALLAHASSEE
- TAMPA BAY
- WASHINGTON, DC
- WEST PALM BEACH

RECEIVED
13 JUL -5 PM 1:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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, Michael C. Gongora, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for 1500 Coral Towers Condominium, Inc.
(Name of Corporation)

708618

(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:

Becker & Poliakoff, P.A.

(Typed or Printed Name)

Attorney

(Capacity)

FILED
13 JUL -8 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**