721242

, (Re	equestor's Name)	
, (Ac	ddress)	
(Ac	ddress)	
. (Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Namo	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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12/29/08--01046--024

R.A. Resignation

TB 1.7-09

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Tennis Club Lenglen	Condominium, Inc. (Name of Corporation)
DOCUMENT NUMBER: 72124	2
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Gary A. Poliakoff	
(Name of Perso	on)
Becker & Poliakoff, P.A.	
(Name of Firm/Con	mpany)
3111 Stirling Road	
(Address)	
Fort Lauderdale, FL 33312	-
(City/State and Zip For further information concerning t	
Gary Poliakoff n	at (954) 985-4150 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.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 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Be	cker & Poliakoff, P.A.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Tennis Club Lenglen Condominium, Inc.
	(Name of Corporation)
721242	
(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.	discontinued on the 31st day after the date on which
If signing on behalf of an entity: Becker & Poliakof	gnature of Resigning Agent) TALLAHASSEE F, P.A.
(*	f, P.A. Typed or Printed Name) FOR PRINTED P
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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