

From: Baldy Martinez
10/15/2015

Fax: (305) 615-1371

To: +18506176380

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : BALDY MARTINEZ P.A.
Account Number : I20110000042
Phone : (305)454-5804
Fax Number : (305)454-5808

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SECRETARY OF STATE
CLERK, CLERK

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Email Address: _____

**REGISTERED AGENT RESIGNATION
VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION,
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

10/15/2015 3:12

10/18/2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION, INC
(Name of Corporation)

DOCUMENT NUMBER: 729424

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:

Baldy Martinez, P.A.

(Name of Person)

Baldy Martinez, P.A.

(Name of Firm/Company)

1999 S.W. 27 Avenue, 1st Floor

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Baldy Martinez, P.A.

(Name of Person)

at **305 454-5804**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**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, Baldy Martinez, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION, INC

(Name of Corporation)

729424

(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:

Baldy Martinez, P.A.

(Typed or Printed Name)

Attorney

(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

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STATE
DEPT OF
CORPORATIONS
TALLAHASSEE, FL 32314