

744321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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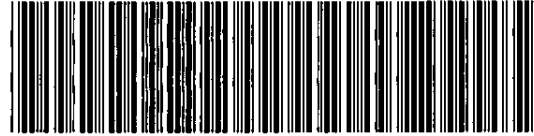
(Business Entity Name)

(Document Number)

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Resignation
of RA

06/10/11--01012--012 **87.50

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2011 JUN 10 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOR
6/14/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kimberly Garden Apartments Condominium Inc
(Name of Corporation)

DOCUMENT NUMBER: 744321

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:

Noami Mills

(Name of Person)

Kimberly Garden Apartments Condominium
(Name of Firm/Company)

2240 Van Buren St Apt 2A
(Address)

Hollywood FL 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

Noami Mills

(Name of Person)

at (954) 929-3138

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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, NOAMI MILLS

(Name of Registered Agent)

hereby resigns as Registered Agent for KIMBERLY GARDEN APARTMENT CONDOMINIUM

(Name of Corporation)

744321

(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.

NOAMI MILLS

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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