

749503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

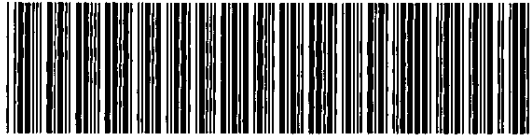
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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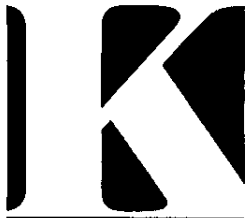
RA.
Resignation

05/05/08--01055--002 **87.50

FILED
2008 MAY -5 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
5/13/08

KATZMAN & KORR



KATZKORR.COM

FORT LAUDERDALE
• BOYNTON BEACH
ST. AUGUSTINE
• ORLANDO
NAPLES
MIAMI

PLEASE ADDRESS ALL CORRESPONDENCE TO:

1501 NORTHWEST 49TH STREET, 2ND FLOOR
FORT LAUDERDALE, FLORIDA 33309
TEL 954.486.7774 FAX 954.486.7782

PLEASE RESPOND DIRECTLY TO:

LEIGH C. KATZMAN, ESQ.
lkatzman@katzkorr.com

April 14, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *The Carlton Condominium Association, Inc.*
Resignation of Registered Agent

Dear Sir / Madam:

Enclosed please find the *Resignation of Registered Agent or for a Corporation* which has been properly filled out by this office and. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$87.50. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GAREINKEL, P.A.



Leigh C. Katzman, Esq.
Managing Partner

LCK:vl

Enclosure

cc: Board of Directors
 Property Manager

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2008 MAY -5 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Katzman Garfinkel, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for The Carlton Condominium Association, Inc.

(Name of Corporation)

749503

(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:

Leigh C. Katzman, Esq.

(Typed or Printed Name)

Managing Partner of Katzman Garfinkel, P.A.

(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