## 751028

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(60	isiness Entity Nan	ne)
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
	·	ť

Office Use Only



000283916390

04/05/16--01024--005 \*\*87.50

E TOWN OF LURITHEANIER

APR 8 2016

C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT. The Corvette Condominium Association, Inc.

(Name of Corporation)

**DOCUMENT NUMBER: 751028** 

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:

Sara C. Gonzalez-Rizo

(Name of Person)

(Name of Firm/Company)

7430 Byron Avenue, Unit No. 3-A

(Address)

Miami Beach, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Sara C. Gonzalez-Rizo

,,786 271-6437

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



## RESIGNATION OF REGISTERED AGENT 16 APR -5 AM 9: 55

Pursuant to the provisions of sections 607.0502	(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gloria Son	riano
,	(Name of Registered Agent)
hereby resigns as Registered Agent for	orvette Condominium Association, Inc.
	(Name of Corporation)
751028	
(Document Number, if known)	
A copy of this resignation was mailed to the abo	ove listed corporation at its last known address.
The agency is terminated and the office discont this statement is filed.	inued on the 31st day after the date on which
	ahas .
f(Signature of	Resigning Agent)
If signing on behalf of an entity:	
Gloria Soriano	
(Typed or	Printed Name)
Register Agent	
(C	apacity)

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withdrawn corporation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

