751/03

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Enuly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



900123678449

04/17/08--01047--019 **87.50

RA lesigo

SEON ELEY OF STATE NLLAHASSEE, FLORIDA

RAPRIT PHULL

T. Roberts APR 22,2008

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Boston Plaza Condominium Association, Mc. (Name of Corporation)
DOCUMENT NUMBER: 75/103
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:
Brian Levin
(Name of Person)
(Name of Firm/Company)
6801 Indian Creek Dr. #501
(Address)
Miami Beach, FL 33141 (City/State and Zip Code)
For further information concerning this matter, please call:
Brian Levin at (305) 613-0318 (Area Code & Daytime Telephone Number)
Figure 1 and 1 and 2 and 1 and 2 and 1 and 1 and 2 and

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED 08 APR 17 PM 4 18

RESIGNATION OF REGISTERED AGENT STATE FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Jan Bennett (Name of Registered Agent)
hereby resigns as Registered Agent for Boston Plaza Conclominium ASSOCIAINC,
751103
(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.
Joan Berrie
(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

3

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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