751270

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SEP. 26 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Lloret de Mar Condominiu	
(Name of Corporate DOCUMENT NUMBER: 751270	tion)
	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Barbara Jacques	
(Name of Person)	-
	•
(Name of Firm/Company)	-
1012 NW 6th Street	
(Address)	-
Boca Raton, FL 33486	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Barbara Jacques at (561	866-7023
(City/State and Zip Code) For further information concerning this matter, please call: Barbara Jacques at (561)	866-7023 e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Barbara Jacques	
(Name of Registred Agent)	
hereby resigns as Registered Agent for Lloret de Mar Condominium Assoc.	
(Name of Corporation)	
751270	
(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.	
Darbara Jacques (Signature for Resigning Agent)	<u> </u>
If signing on behalf of an entity:	E 13:01
(Typed or Printed Name)	2
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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