752 956

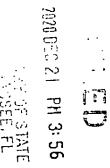
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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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

Office Use Only



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COVER LETTER

.vionic	(Name of Person)	at (// / / / / / / / / / / / / / / / / /	Code	330-2064) & Daytime Telephone Number)
	orther information concerning this mat	•		220 2044
	(City/State and Zip Code)			
Panam	a City Beach. FL 32408			
	(Address)			
5717	'homas Drive			
	(Name of Firm/Company)			
l.argo	Mar Condominium Association, Inc			
	(Name of Person)			
Monic	a Williams			
Pleas	e return all correspondence concerning	g this matte	er to th	ne following:
The e	nclosed Resignation of Registered Ag	gent for a C	orpora	ation and fee are submitted for filing.
	UMENT NUMBER: 752956			
		Name of Co	rporati	on)
SUBJ	LARGO MAR CONDOMINIUM AS ECT:			
10.	Division of Corporations			

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or	617.1509,				
Florida Statutes, the undersigned,	Loraine Blue					
	(Name of Registered Agent)					
hereby resigns as Registered Agen	Largo Mar Condominium Association, Inc					
nereny resigns as Registered Agen	(Name of Corporation)					
752956						
(Document Number, if known)						
A copy of this resignation was ma	iled to the above listed corporation at its last	known address.				
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the	date on which				
	D-					
	(Signature of Resigning Agent)					
If signing on behalf of an entity:						
		温				
		20[
	(Typed or Printed Name)	3				
		2				
		20 P				
	(Capacity)	THO W				

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