756250

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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A. BUTLER NOV - 6 2023

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT:ETLANTIS PINES CONDOMINIUM ASSOCIATIO	N, INC.
00	(Name of Corpo	ration)
DOC	JMENT NUMBER: 756250	
The e	nclosed Resignation of Registered Agent for a Corp	oration and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
HYVA	ARINEN, JUHA	
	(Name of Person)	_
AVAN	THENTRIES, INC.	
	(Name of Firm/Company)	
5112 A	ARBOR GLEN CIRCLE	
	(Address)	
LAKE	WORTH, FL 33463	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please cal	l:
Larry '	Γ. Cortez 561 at (627-0009
	(Name of Person) (Area Co	de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

	•	ons 607.0503(2), 617.0502(2), 607.	1509, or 617.1509,	
Florida Statutes, the undersigned, Wyant-Cortez & Cortez, Chartered				
		(Name of Registered Agent)		
hereby resigns	s as Registered Agen	ATLANTIS PINES CONDOMINIU	JM ASSOCIATION, INC.	
neredy resigns	s as registered Agen	(Name of Corporation)		
756250				
(Docun	nent Number, if known)			
A copy of this	s resignation was mai	iled to the above listed corporation a	at its last known addres	S
The agency is this statement		office discontinued on the 31st day a	after the date on which	
		aus Cal	2023 OCT	1
		(Signature of Resigning Agent)	725	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
If signing on t	pehalf of an entity:		5	
	Larry T. Cortez, Esc	<u> </u>	AM II: 00	نصد
		(Typed or Printed Name)	т, О	
	Managing Partner /	President		
		(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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