

# 757488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

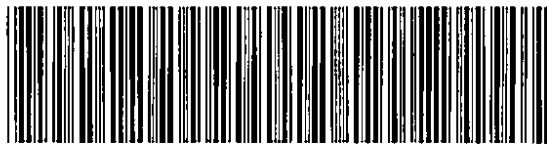
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800331555348

07/15/19 FILED \*\*

JUL 24 2019

S. YOUNG

FILED

19 JUL 15 PM 6:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Blue Lake Garden Apartments Condominium, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 757488

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:

Jane Bolin

(Name of Person)

PeytonBolin, PL

(Name of Firm/Company)

3343 W Commercial Blvd, Suite 100

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Bolin

(Name of Person)

at ( 954 ) 316-1339

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Jane Bolin, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Blue Lake Garden Apartments Condominium, Inc.  
(Name of Corporation)

757488

(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.

Jane Bolin

(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JUL 15 PM 6:41

FILED

**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