

758529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

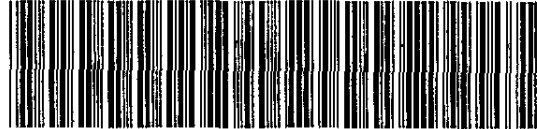
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400042357804

11/10/04--01008--009 **87.50

FILED
04 NOV 12 AM 11:30
1000 STEPHENSON

758529
RORus
11-12-04
out

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Barefoot Bay North Condominium Association, Inc
(Name of Corporation)

DOCUMENT NUMBER: 758529

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mem Tierce
(Name of Person)

(Name of Firm/Company)

607 B 28th Ave
(Address)

TUSCALOOSA, AL 35401
(City/State and Zip Code)

For further information concerning this matter, please call:

Mem Tierce at (205) 310 0410
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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, Mem Tierce

(Name of Registered Agent)

hereby resigns as Registered Agent for Barefoot Bay North Condominium Association

(Name of Corporation)

Inc.

758529

(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.

Mem Tierce

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
04 NOV 12 AM 11:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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withdrawn corporation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