158533

| (Requestor's Name) |
|---|
| (Requestors 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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Office Use Only



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COVER LETTER

| DELRAY SOUTH SHORE CLUB CONDO SUBJECT: | MINIUM ASSOCIATION, INC. |
|---|---|
| (Name | of Corporation) |
| DOCUMENT NUMBER: 758533 | <u></u> |
| The enclosed Resignation of Registered Agent for | or a Corporation and fee are submitted for fill |
| Please return all correspondence concerning this | matter to the following: |
| RESIGNATION DEPARTMENT | |
| (Name of Person) | |
| CORPORATION SERVICE COMPANY | |
| (Name of Firm/Company) | |
| 80 STATE STREET | |
| (Address) | |
| ALBANY NY 12207 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, p | lease call: |
| RESIGNATION DEPARTMENT at (| 518 433-7018 |
| (Name of Person) | (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

TO: Amendment Section

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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.150 | 9, |
|---|------------------|
| Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY | |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for Delray South Shore Club Condominium Association, Inc. | 3. |
| (Name of Corporation) | |
| 758533 | |
| (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 withis statement is filed. | which |
| Robert Melt (Signature of Resigning Agent) | 7. û <i>ç</i> û? |
| If signing on behalf of an entity: | 52 And 4543 |
| BY ROBIN MOLT | KU 7: 42 |
| (Typed or Printed Name) | 13 |
| | 7 |
| ASST SECRETARY FOR THE AGENT | |

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

(Capacity)