

760158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

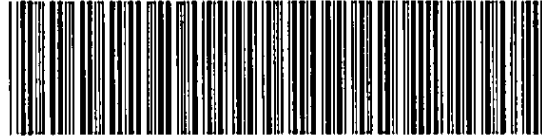
(Business Entity Name)

(Document Number)

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FEB 25 2020

RIP Resign

FILED  
2020 JAN 29 AM 7:55  
CLERK OF COURT  
CLERK

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUPER 8 CENTER ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 760158  
\_\_\_\_\_

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:

Todd Jackson  
\_\_\_\_\_  
(Name of Person)

Capital Realty Advisors, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

600 Sandtree Drive, Suite 109  
\_\_\_\_\_  
(Address)

Palm Beach Gardens, FL 33403  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine O'Connell at ( 561 ) 624-5888  
\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:**  
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 617.1509,

Florida Statutes, the undersigned, Capital Realty Advisors, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Super 8 Center Association, Inc.

(Name of Corporation)

760158

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Todd Jackson

(Typed or Printed Name)

President

(Capacity)

2020 JAN 29 AM 7:55  
FILED  
JAN 29 2020

**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