161820

(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: Norma Advisad to Number of Advisad from Capacity Ength is hown 5118 - July the Film Luly				
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SECRETARY OF SIAIL DIVISION OF CORPORATION

RA RES

COVER LETTER

SUBJECT	T: Juno Ocean Club Condominium Association, Inc.
DOCUMI	ENT NUMBER: #761820
The enclose	ed Resignation of Registered agent for a Corporation and fee are submitted for filing.
Please retui	rn all correspondence concerning this matter to the following:
	Carmen Sierra (Name of Person)
В	Secker & Poliakoff, P. A. (Name of Firm/Company)
1	850 Fountainview Blvd. Ste #103 (Address)
<u> </u>	ort St. Lucie, FL 34986 (City/State and Zip Code)
For further	information concerning this matter, please call:
	n Sierra at (772) 871-9320 Name of Person) (Area Code & Daytime Telephone Number)
	s a check made payable to the Florida Department of State for \$87.50 for an active of \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporate

Mailing Address:
Amendment Section
Division of Corporations

Post Office Box 6327 Tallahassee, FL 32314

CR2E046(08/05) PSL_DB: 1013_1

Street Address:
Amendment Section
Division of Corporations

Clifton Building
Tallahassee, FL 32301

TO:

Amendment Section
Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro-	ovisions of sections 60)7.0502(2), 617.0502(2), 607.1509,	, or 617.1509,		
Florida Statutes, the undersigned Becker & Poliakoff, P. A.					
	-	(Name of Registered Agent)			
hereby resigns as	Registered Agent for _	Juno Ocean Club Condominium (Name of Corporation)	Association, Inc.		
761820 (Document Num	nber, if known)				
A copy of this resig	nation was mailed to the	e above listed corporation at its last kn	own address.		
The agency is termithis statement is file		continued on the 31st day after the date	e on which		
If signing on behalf	of an entity:				
	17 Al. (C. Dissalata a			
_	(Typed or Pri	S. Direktor			
	(1 yped of 11)	inted Ivanie)	SECRETARY OF SECRE		
	(Capac	city)	FAR OF CL		
	Fee for filing this of \$87.50 - Active con	document:	AN 8: 41		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Withdrawn corporation