761988

| (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: |
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Office Use Only



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RA Resign

SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS OR NOV 24 AM 9: 19

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Cor- Marie Condominium Assoc., Inc. (Name of Corporation) |
| DOCUMENT NUMBER: 761988 |
| 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: |
| Michelle Rossman (Name of Person) |
| Rossman Realty Property Maint. (Name of Fight/Company) |
| 1104 SE 46th Lane #2 (Address) |
| Case Coral, FL 33904 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Michelle Rossman at (239) 443-/09/ (Name of Person) at (239) 443-/09/ (Area Code & Daytime Telephone Number) |
| Englosed is a cheek made negable to the Floride Denoutment of State for \$97.50 for an active com |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Michelle Rossman (Name of Registered Agent) |
| hereby resigns as Registered Agent for Cor-Marie Condominium Association, INC. (Name of Corporation) |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| 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: |
| (Typed or Printed Name) |
| (Capacity) |

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