762538

(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



300179241083

05/04/10--01035--011 **87.50

10 MAY -4 AM II: 32 SECRETARY OF SIATE

PA Resign.

MAY 1 0 2010

COVER LETTER

Division of Corporations
SUBJECT: Rio Del Mor Condominium No. Twelve Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: 76 2538
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:
Dena Tuten (Name of Person)
(Name of Firm/Company)
S495 A114 South (Address)
St. Augustine FL 32080 (City/State and Zip Code)
For further information concerning this matter, please call:
Dena Tuten at (904) 461-9696 (Name of Person) at (904) 461-9696 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

TO:

Amendment Section

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, Dena Tuten (Name of Registered Agent)
hereby resigns as Registered Agent for Rio del Mar Candoninium No. Twelve (Name of Corporation) Association Inc.
76 2538
(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.
Dena Tower
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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