768158

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	**************************************
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	
		1

Office Use Only



7.00106149757

07/20/07--01020--020 **87.50

O7 JUL 20 PM 12: 21
TALLAHASSEE FLORIDA

Signal Si

COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: PANK MENI GALO AGON INC. (Name of Corporation)
7/08/50
DOCUMENT NUMBER: 1985 15 8
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:
AWGDA DICKESCENTO (Name of Person)
(Name of Firm/Company)
COLOS SE LUTUSTICET # 201 (Address)
DEDURED BEVICH, FZ 32441 (City/State and Zip Code)
For further information concerning this matter, please call:
An ala Di Crescon 2004, 571. 4090
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, JON ATTHON C. PACK (Name of Registered Agent)
hereby resigns as Registered Agent for PARK MEDICAR CONDOMIN (Name of Corporation) OWNERS ASSOCIATION (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:
O7 SECH
(Typed or Printed Name) ARE JUL 20 FINANCE OF THE SECOND
(Capacity) (Capacity) (Capacity) (Capacity)

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily disso

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

Fee for filing this document: