## Munispe

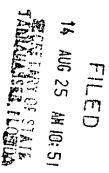
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	<del></del>
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



000263487710

08/25/14--01006--022 \*\*437.50



BH BB

AUG 28 2014

Ř. WHITE

## **COVER LETTER**

Division of Corporations	
SUBJECT: Altessa I at Vasari Condo Assoc., Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: N0100008215	
The enclosed Resignation of Registered Agent for a Corporation and fee are subm	itted for filing.
Please return all correspondence concerning this matter to the following:	
Dee Masterson	
(Name of Person)	
Hayden & Assoc Inc	
(Name of Firm/Company)	
12650 Whitehall Dr	
(Address)	
Ft Myers, FL 33907	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Dee Masterson 239489-4890, >	<b>&lt;</b> 243
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1	509,
Florida Statutes, the undersigned, Hayden, Ken	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Altessa I at Vasari Condo Asso	oc., Inc.
(Name of Corporation)	
N01000008215	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which
(Signature of Resigning Agent)  If signing on behalf of an entity:	AUG 25 M
(Typed or Printed Name)	10:51

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)