

NO3000001842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

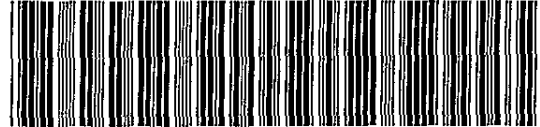
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JUN 18 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO3000001842
6-18-04
CM RWR

LAW OFFICES

BECKER & POLIAKOFF, P.A.

3111 Stirling Road
Ft. Lauderdale, Florida 33312-6525
Phone: (954) 987-7550 Fax: (954) 985-4176
US Toll Free: 800-432-7712

Mailing Address:
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Florida Offices

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3111 Stirling Road
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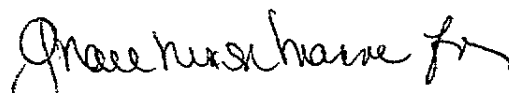
Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32301

Re: Amendment to Articles of Incorporation of Porto Vita-North Tower
Condominium

Dear Sir or Madam:

Enclosed is the above-referenced amendment which needs to be filed with the Secretary of State. Also enclosed is a check in the amount of \$43.75, representing your filing fee and certified copy. Please call us if you have any questions.

Very truly yours,


Doretta Martone Knoerr
For the Firm

DMK/cz
Enclosure

835977_1.DOC



CONSULEGIS EFIG

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an International Association
of Law Firms.

NETWORK OF LEADING LAW FIRMS



Not a member of NLLF. Only a "Network" member.

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

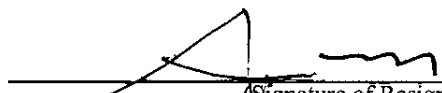
Florida Statutes, the undersigned, GARY A. POLIAKOFF
(Name of Registered Agent)
hereby resigns as Registered Agent for TOWERS OF PORTO VITA - NORTH TOWER
CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

N03000001842

(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:

GARY A. POLIAKOFF

(Typed or Printed Name)

(Capacity)

FILED
04 JUN 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**