

N03000006553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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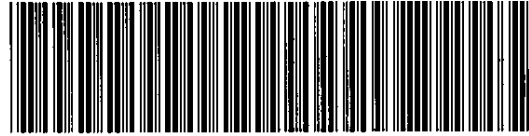
(Business Entity Name)

(Document Number)

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2011 JUL -5 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

TBROWN 7-6-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lateera Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO3000006553

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:

Kim Bolaskiewicz
(Name of Person)

Madison Property Management Solutions, LLC
(Name of Firm/Company)

7643 Gate Parkway, Suite 104 PMB 188
(Address)

Jacksonville, FL 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

Irene Richardson at (904) 641-1858
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
2011 JUL -5 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Kim Balaskiewicz

(Name of Registered Agent)

hereby resigns as Registered Agent for Lateera Condominium Association, Inc.

(Name of Corporation)

N03000006553

(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.

Kim Balaskiewicz
(Signature of Resigning Agent)

If signing on behalf of an entity:

Kim Balaskiewicz
(Typed or Printed Name)

Property Manager
(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