## 030000008610

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...1. S. FRALMS

## **COVER LETTER**

| FO: Amendment Section Division of Corporations   |       |
|--|-------|
| SUBJECT: JARDIN CONDOMINIUM ASSOCIATION IV, INC.   |       |
| (Name of Corporation) DOCUMENT NUMBER: N03000008610  |       |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil | ຕ່ຄຍ. |
| Please return all correspondence concerning this matter to the following:                    |       |
| Teri Armstrong   |       |
| (Name of Person)   |       |
| Armstrong Management Company, LLC  |       |
| (Name of Firm/Company)   |       |
| 11250 Old St. Augustine Rd., #15396  |       |
| (Address)  |       |
| Jacksonville, FL 32257   |       |
| (City/State and Zip Code)  |       |
| For further information concerning this matter, please call:                                 |       |
| Teri Armstrong  (Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)   |       |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, F1, 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, Armstrong Management Company, LLC (Name of Registered Agent)  |
| (Name of Registered Agent)   |
| hereby resigns as Registered Agent for JARDIN CONDOMINIUM ASSOCIATION IV, INC.   |
| (Name of Corporation)  |
| N0300008610  |
| (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.  Leve A. Armstrong |
| (Signature of Resigning Agent)   |
| (Signature of Resigning Agent)  If signing on behalf of an entity:  Armstrong Management Company, LLC  (Typed or Printed Name)           |
| Armstrong Management Company, LLC  |
| (Typed or Printed Name)  |
| ်း မြို့                           |
| Owner  |
| (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