## N0400000203

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusitiess Entity (Value)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



900435859689

99/04 24--81811--611 \*\*67.50

1 1 E. PM 12: 44

1024 SEP -4 PM 12: 44

Joseph E. Adams Shareholder Board Certified Specialist, Condominium and Planned Development Law Phone: 239.433.7707 Fax: 239.433.5933 jadams@beckerlawyers.com



Becker & Poliakoff Six Mile Corporate Park 12140 Carissa Commerce Court, Suite 200 Fort Myers, Florida 33966

Northern Trust Building 4001 Tamiami Trail North, Suite 270 Naples, Florida 34103

August 30, 2024

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Residents' Alliance for a Quality Lifestyle, Inc. (Document No. N04000000203)

To Whom It May Concern:

Enclosed please find a *Resignation of Registered Agent for a Corporation* for the above-referenced Association. Also enclosed, please find check number 39639 in the amount of \$87.50 to cover the cost of filing.

Thank you for your attention to this matter.

Joseph & alami

Very truly yours,

Joseph E Adams
For the Firm

JEA/tt

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0503(2), 617.0502(2), 607.1509, or 61	7.1309,
Florida Statutes, the undersigned, $\frac{B}{A}$	ECKER & POLIAKOFF, P.A.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	RESIDENTS' ALLIANCE FOR A QUALITY LII	FESTYLE, INC
neredy resigns as Registered Agent i	(Name of Corporation)	<del></del>
N04000000203		
(Document Number, if known)	<del></del>	
-	d to the above listed corporation at its last kn	
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the dat	e on which
	January M. G. Continue	
<del></del>	(Signature of Resigning Agent)	-
If signing on behalf of an entity:		
Joseph E. Adams		2024 SEP
	(Typed or Printed Name)	SEP -
		15.5% VS.50
Shareholder		E P
	(Capacity)	- E
		PM 12: 44 SEFELORIO

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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