

N04 000003701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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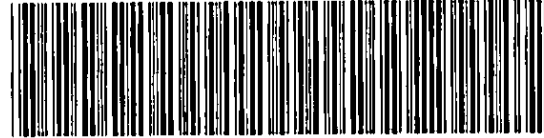
(Business Entity Name)

(Document Number)

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20 JAN 13 AM 11:24

FEB 10 2020
C. J. [illegible]

COVER LETTER

RECEIVED
20 JAN 13 AM 11:24
DIVISION OF CORPORATIONS

TO: Amendment Section
Division of Corporations

SUBJECT: River Cove Landings Condominium III Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N04000003701

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:

Garry Griffin

(Name of Person)

Bosshardt Property Management, Inc.

(Name of Firm/Company)

5522-B NW 43rd Street

(Address)

Gainesville, FL 32653

(City/State and Zip Code)

For further information concerning this matter, please call:

Garry Griffin _____ at (352) 240-2713
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

RECEIVED
20 JAN 13 AM 11:24
DIVISION OF CORPORATIONS

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Bosshardt Property Management, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for River Cove Landings Condominium III Association, Inc.

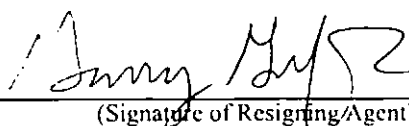
(Name of Corporation)

N04000003701

(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:

Garry Griffin

(Typed or Printed Name)

President

(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**