

N04490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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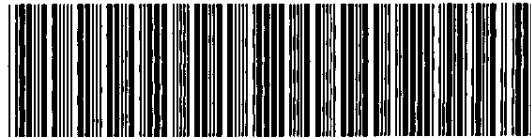
(Business Entity Name)

(Document Number)

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*Resignation
DB RA*

04/23/12--01038--020 **87.50

FILED
2012 APR 23 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DDR
4/25/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kissimmee Multispecialty Clinic Condominium Association Inc
(Name of Corporation)

DOCUMENT NUMBER: NO 4490

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:

Leslie Ludlam
(Name of Person)

Association Management Group of Central Florida
(Name of Firm/Company)

101 Park Place Blvd., Suite 2
(Address)

Kissimmee, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Ludlam at (407) 847-9950
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2012 APR 23 PM 2:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

Florida Statutes, the undersigned,

Association Management Group of Central FL
(Name of Registered Agent)

hereby resigns as Registered Agent for

Kissimmee Multispecialty Clinic Condominium
(Name of Corporation)
Association, Inc.

NO4490

(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.

Leslie Ludlam
(Signature of Resigning Agent)

If signing on behalf of an entity:

Leslie Ludlam
(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**