

164815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

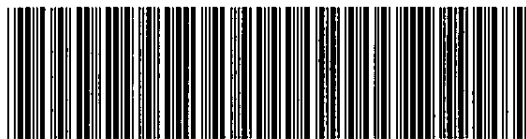
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2-1609



200143355982

02/12/09--01019--006 **87.50

FILED
2009 FEB 12 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGNUM BUILDING CONDOMINIUM ASSOCIATION
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Martin L. Cieslak
(Name of Person)

Crystal Clear Pool Co., Inc.
(Name of Firm/Company)

6130 Clark Center Ave Suite #109
(Address)

Sarasota, FL 34238
(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Hendrickson at (941) 955-6343
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

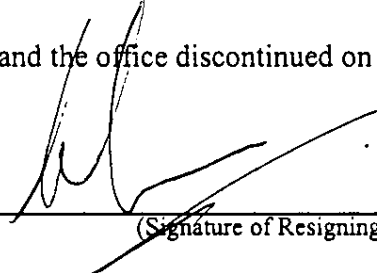
Florida Statutes, the undersigned, REIHARD DAMM
(Name of Registered Agent)

hereby resigns as Registered Agent for MAGNUM BUILDING CONDOMINIUM ASSOCIATION
(Name of Corporation) **INC.**

1104815
(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:

(Typed or Printed Name)

(Capacity)

2009 FEB 12 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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