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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: JARDIN CONDOMINIUM AS	SSOCIATION IX, INC.
(Name of Cor DOCUMENT NUMBER: N0500006682	poration)
The enclosed Resignation of Registered Agent for a Co	orporation and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Teri Armstrong (Name of Person)	
Armstrong Management Company, L	LC
11250 Old St. Augustine Rd., #153	396
Jacksonville, FL 32257 (City/State and Zip Code)	<del>_</del> _
For further information concerning this matter, please	call:
Teri Armstrong at (904) (Area	372-3225 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509. any IIC	
Florida Statutes, the undersigned, Armstrong Management Compa		
hereby resigns as Registered Agent for JARDIN CONDOMINIUM ASSOCIATION (Name of Corporation)	IX, INC.	
hereby resigns as Registered Agent for (Name of Corporation)	<del></del>	
N05000006682		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.	
(Signature of Resigning Agent)  A copy of this resignation was mailed to the above listed corporation at its last known.  The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.  (Signature of Resigning Agent)	2019 JAN -3 Pl	
If signing on behalf of an entity:	PH 1: 40	-
Armstrong Management Company, LLC (Typed or Printed Name)	r. O	
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, Ft. 32314