

N05000 011 967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

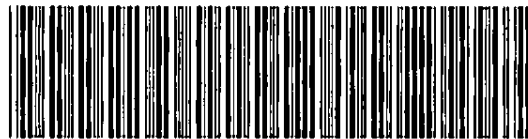
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TALLAHASSEE, FL

OCT 18 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

The Condominium Association of Coral Gardens Melbourne Inc.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: N05000011967

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:

Darin Wade Mellinger, Esquire

(Name of Person)

Mellinger LLP

(Name of Firm/Company)

1200 North Federal Highway, Suite 200

(Address)

Boca Raton, Florida 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Darin Wade Mellinger, Esquire

561.210.8570

(Name of Person) at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Mellinger LLP

(Name of Registered Agent)

The Condominium Association of Coral Gardens Melbourne Inc.

hereby resigns as Registered Agent for

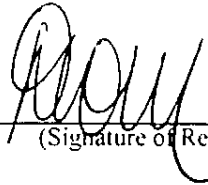
(Name of Corporation)

N05000011967

(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:

Darin Wade Mellinger

(Typed or Printed Name)

President

(Capacity)

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2019 SEP 30 AM 8:34
TALLAHASSEE, FL

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