## N0600000016

(Re	equestor's Name)	
. (Ad	ddress)	
.(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	Active	

Office Use Only



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16 SEP 16 AM 9: 15
SECRETARY OF STATE
AND ANASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: GRANADA GRAND CONDOMINIUM	
(Name of Corporate DOCUMENT NUMBER: N0600000016	ion)
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing
Please return all correspondence concerning this matter to t	he following:
ANGELICA YOUNG, ESQ.	
(Name of Person)	-
(Name of Firm/Company)	_
5901 SW 74 STREET, SUITE 303	
(Address)	-
MIAMI, FL 33143	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
ANGELICA YOUNG at (305	,663-1234
(Name of Person) (Area Code	& Daytime Telephone Number)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509	Ι,
Florida Statutes, the undersigned, ANGELICA YOUNG	
(Name of Registered Agent)	
hereby resigns as Registered Agent for GRANADA GRAND CONDOMINIUM ASSOCIATION	N, INC.
(Name of Corporation)	***************************************
N0600000016	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known as	ddress.
The agency is terminated and the office discontinued on the 31st day after the date on w this statement is filed.	hich
Oncelee Jon	
If signing on behalf of an entity:	
	16 SECF
(Typed or Printed Name)	FILE SEP 16 RETARY OF
(Capacity)	AM 9: 15 FSTATE FLORIDA

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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