NOCOCCOSOS

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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01/18/19--01019--018 **87.50

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Deerwood Place III Condominium Association, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N06000000309
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Lis	a Heyer-Coleman
	(Name of Person) •
Mad	ison Property Management Solutions, LLC
	(Name of Firm/Company)
696	60 Bonneval Road, Suite 302
	(Address)
Jac	cksonville, FL 32216
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Irei	ne Richardson at (904)641-1858 (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or	: 617.1509,
Florida Statutes, the undersigned. Madison Property Management S (Name of Registered Agent)	olutions, LLC
Deenwood Place III Condominium A	ssociation, Inc.
hereby resigns as Registered Agent for (Name of Corporation)	
N0600000309	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its las	st known address.
The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	date on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Kim Balaskiewicz	
(Typed or Printed Name)	
Managing Member	19 J
(Capacity)	FILED RANKSSELT
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily di	6: 2: LORNU

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation