ND 6000002644

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(8)	rsiness Entity Nam	e)
(Dc	ocument Number)	
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COVER LETTER

SUBJE	ECT: JARDIN CONDOMINIUM ASSOCIATION XV, INC. (Name of Corporation)
DOCU	UMEN'T NUMBER: N0600002644
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Ter	i Armstrong
	(Name of Person)
Arm	strong Management Company, LLC
	(Name of Fim/Company)
112	50 Old St. Augustine Rd., #15396
	(Address)
Jac	ksonville, FL 32257
_	(City/State and Zip Code)
For fur	rther information concerning this matter, please call:
Ter	(Name of Person) at (904) 372-3225 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Tallahassec, 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	1309.	
orida Statutes, the undersigned. Armstrong Management Company, LL (Name of Registered Agent)		
hereby resigns as Registered Agent for JARDIN CONDOMINIUM ASSOCIATION (Name of Corporation)	IXV, INC.	
(Name of Corporation)		
N06000002644		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know. The agency is terminated and the office discontinued on the 31st day after the date		
this statement is filed. Sen A. Armstrong	ώ	
(Signature of Resigning Agent)	: -	
If signing on behalf of an entity:		
Armstrong Management Company, LLC (Typed or Printed Name)		
Owner (Capacity)		
(00,000,)		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1, 32314