

N060000003877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

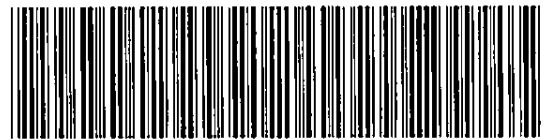
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/23--01023--024 **87.50

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DIVISION OF REVENUE

K. HUNT

11/13/23

COVER LETTER

TO: Amendment Section
Division of Corporations

THE GUARANTY BUILDING CONDOMINIUM ASSOCIATION, INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: N06000003877

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:

William Fairman

(Name of Person)

Fairman & Associates, Inc.

(Name of Firm/Company)

1651 NW 1st Court

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

William Fairman

561-362-7224

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 NOV 13 PM 12:40
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, William Fairman

(Name of Registered Agent)

THE GUARANTY BUILDING CONDOMINIUM ASSOCIATION, INC.

hereby resigns as Registered Agent for

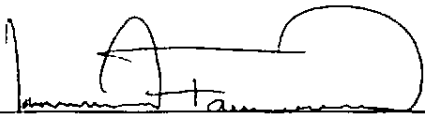
(Name of Corporation)

N06000003877

(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:

(Typed or Printed Name)

(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, FL 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL