N06000004439

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
	·		
PICK-UP	☐ WAIT	MAIL	
(5)			
(60	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Copies Certificates of Status		
Special Instructions to	Filing Officer		
Special instructions to	Timing Officer.		

Office Use Only



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JUN 1 1 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Stirling Center 13 Condominium Asso	
(Name of Corporation DOCUMENT NUMBER: N0600004439	on)
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
John A. Taylor	
(Name of Person)	•
Fassett, Anthony & Taylor, P.A.	
(Name of Firm/Company)	•
1325 W. Colonial Drive	
(Address)	•
Orlando, FL 32804	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
att	872-0200 & Daytime Telephone Number)
(Name of Person) (Area Code	e & Daytine 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, David J. Rippe		_
(Maine of Vekisteren Vekister)		_
hereby resigns as Registered Agent for Stirling Center 13 Condominium Associ	ation, Inc	L.
(Name of Corporation)		_
N0600004439		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kno	wn addres	s.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
Davio J. Rippe (Typed or Printed Name)		
(Typed or Printed Name)		
MANAGER (Capacity)		47 MAY 97
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation		PM 1: 32

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