N06000006/49

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Na	me)
(De	ocument Number) ·
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		07.00
		#87.00

Office Use Only



800268970198

02/18/15--01009--001 **292.50

RA Resign. 02-11-15

COVER LETTER

10:	Division of Corporations
CHDI	ECT: BLUE PLACE CONDOMINIUM ASSOCIATION, INC.
SUDO	(Name of Corporation)
DOC	UMENT NUMBER: N06000006149
The er	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:
Tiff	any Roth
	(Name of Person)
Nat	tional Corporate Research, Ltd.
	(Name of Firm/Company)
615	5 S. Dupont Hwy
	(Address)
Do	ver, DE 19901
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Tiff	(Name of Person) at (866) 621-3524 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

		07.0502(2), 617.0502(2), 607.1509, or 61°	7.1509,	
Florida Statutes	the undersigned, Nat	tional Corporate Research, Ltd.		
	-	(Name of Registered Agent)		
hereby resigns a	s Registered Agent for	BLUE PLACE CONDOMINIUM ASSOCIA	ATION, IN	1C.
, ,		(Name of Corporation)		
N0600000	6149		~	
(Documen	t Number, if known)	_		
A copy of this re	esignation was mailed to	o the above listed corporation at its last kn	own addr	ess.
The agency is te this statement is	filed.	discontinued on the 31st day after the date	e on whic	h
lf signing on bel	(James of Resigning Agent)		
	Florence Spel			15 FEB
	. (Typed or Printed Name)		်တ ၊
	Assistant Secr			t AM
		(Capacity)		0: 34

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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