

NO60000007439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

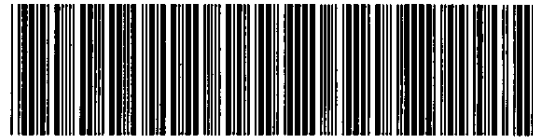
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500263477375

09/23/14--01012--011 **87.50

Resignation

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 SEP 23 PM 3:06

FILED

DE
9/30/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VENETIAN PLACE CONDOMINIUM ASSOCIATION INC.
(Name of Corporation)

DOCUMENT NUMBER: N06000007439

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:

NELIDA GARCIA

(Name of Person)

VENETIAN PLACE CONDOMINIUM ASSOCIATION, INC

(Name of Firm/Company)

5749 GATLIN AVE.

(Address)

ORLANDO, FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

NELIDA GARCIA

(Name of Person)

at (**407**) **384-6448**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

SEP 23 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INGRID BARIA

(Name of Registered Agent)

hereby resigns as Registered Agent for VENETIAN PLACE CONDOMINIUM ASSOCIATION, INC

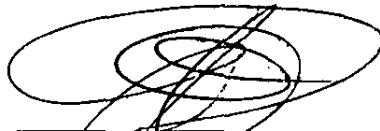
(Name of Corporation)

N06000007439

(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:

DANIEL PEREA

(Typed or Printed Name)

PRESIDENT

(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**