

NO60000008740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

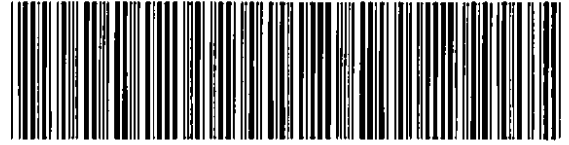
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DATE 07-13-2004 BY 7-28

JUL 16 2004

S. PRATHER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 2701 PGA Boulevard Condominium Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000008740

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:

N. Nicole Gamot, Esq.  
(Name of Person)

The Gamot Law Firm  
(Name of Firm/Company)

c/o 6029 180th Street North  
(Address)

Jupiter, Florida 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

N. Nicole Gamot at (561) 685-5267  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**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, N. Nicole Gamot  
(Name of Registered Agent)

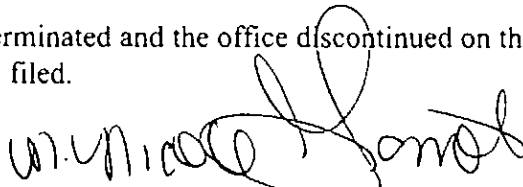
hereby resigns as Registered Agent for 2701 PGA Boulevard Condominium Association, Inc.  
(Name of Corporation)

N06000008740

(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

2024 JUN 13 AM 7:23  
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