N 06 00000 9427

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
		*

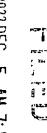
Office Use Only



600398326256

12/05/22--01012--029 *+35.00

2022 DEC -5 AM 7: 55
EED TALL FRANKSEE FL



० २/२४/२०५३

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 937 Muffett Condominum Assaction, Inc (Name of Corporation)
DOCUMENT NUMBER: NO6 0 00 00 9427
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:
MARY Mame of Person)
Earnest TIGHE LAWFIRM
(Name of Firm/Company)
(Address)
(1.000.00)
Ft. Lauderdole FL 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
MARY M. EGINESY at (95t) 525-5644 (Name of Person) at (95t) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, MARY M. EATARST (Name of Registered Agent)
hereby resigns as Registered Agent for 937 Muffett Conduction Assoc Inc (Name of Corporation)
(Document Number, if known) 932 MOFFETT CONDOMINIUM ASSOCIATION, INC.
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) MARUM. Par nest
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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