## NO6000009718

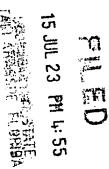
(1	Requestor's Name)
(,	Address)
(,	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



500275041955

07/23/15--01021--007 \*\*87.50



JUL 2 4 2015 C MCNAIR

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Bayboro Tower Condominium Assocation, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N06000009718

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:

Bayboro Tower Condominium Assocation, Inc.

(Name of Person)

C/O Lamont Management

(Name of Firm/Company)

250 104th Ave.

(Address)

Treasure Island, FL 33706

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Albarran

,,<sub>,</sub>407 \982-73

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the undersigned. Leland Management  (Name of Registered Agent)	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Bayboro Tower Condominium Assocation, In	C.
(Name of Corporation)	_
N0600009718	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known addre	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
Lebecce Starlow (Signature of Resigning Agent)	
If signing on behalf of an entity:	
Rebecca Furlow 55	· -trga
(Typed or Printed Name)	7/1
$\omega$	S. S
Agent ∰ <b>3</b>	M
(Capacity)	O

## 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