

ND00000010924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

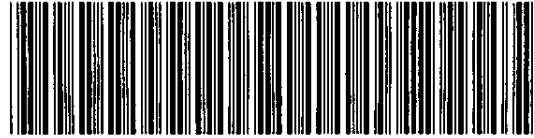
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUN 26 PM 1:15

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JUL 6 2015
I ALBRITTON



Ryan D. Bailine
Tel 305.579.0508
Fax 305.579.0717
bailiner@gtlaw.com

June 19, 2015

VIA CERTIFIED MAIL

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Resignation of Registered Agent and Resignation of Officer/Director: 3131
Jackson Street Condominium Association, Inc.

Dear Sir or Madam:

Enclosed please find an executed Resignation of Registered Agent for a Florida Corporation together with an executed Officer/Director Resignation for a Florida Corporation signed by the undersigned, Ryan D. Bailine. For the avoidance of doubt, this letter will confirm that I have resigned as Registered Agent and Secretary for the 3131 Jackson Street Condominium Association, Inc. Enclosed is a check in the amount of \$122.50 made payable to the Florida Department of State.

Upon your receipt of the enclosed, please update the records on Sunbiz.org at your earliest opportunity.

Sincerely,

A handwritten signature in black ink, appearing to be "Ryan D. Bailine", written over a horizontal line.

Ryan D. Bailine

RDB/va

Enclosure

MIA 184668374v1

SECRETARY OF
DIVISION OF CORPORATIONS
2015 JUN 26 PM 1:15

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

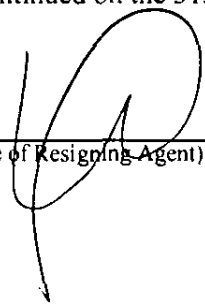
Florida Statutes, the undersigned, Ryan BAILNE
(Name of Registered Agent)

hereby resigns as Registered Agent for 3131 Jackson Street Corda Association Inc.
(Name of Corporation)

NO600010924
(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