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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : ASLAN TAX SERVICES INC  
Account Number : I20140000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION  
RUE VERSAILLES CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RUE VERSAILLES CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000011190

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:

**Irma Serna**

(Name of Person)

**Aslan Tax Services Inc.**

(Name of Firm/Company)

**762 SW 18th Ave**

(Address)

**Miam, FL 33135**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Irma Serna**

(Name of Person)

at **305 644-9144**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for Rue Versailles Condominium Association, Inc.

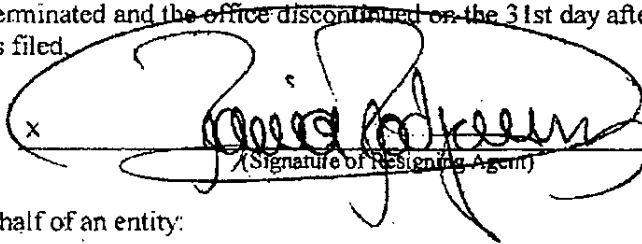
(Name of Corporation)

N06000011190

(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**

FILED  
 SECRETARY OF STATE  
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