MOUCOLAOSZ

(Requestor's Name)	
(Address)	900177531479
(Address)	900177331479
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/26/1001047024 **87.50
(Business Entity Name)	
(Document Number)	·
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Ne	eal Gary Rosensweig	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Madison Downtown Condominium Association, I, (Name of Corporation)	
N06000012057	(Name of Corporation)	
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which APR 26 gnature of Resigning Agent)	THO
If signing on behalf of an entity: New York PRESIDENT	gnature of Res(gning/Agent) Some problem of Res(gning/Agent) Reproblem of Res(gning/Agent)	
	(Сарасну)	

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withdrawn corporation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

COVER LETTER

อบชา	ECT: Madison Downtown Condominium Association, Inc. (Name of Corporation)
DO O	• • • •
	UMENT NUMBER: N06000012057
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Rob	ert Bush
	(Name of Person)
Prof	essional Management for Condominium Associal
	(Name of Firm/Company)
909	5 SW 87th Avenue, Suite 777
	(Address)
Miar	mi, FL 33176
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Robe	ert Bush at (305) 270-0870
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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