

NC6 0000 12148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

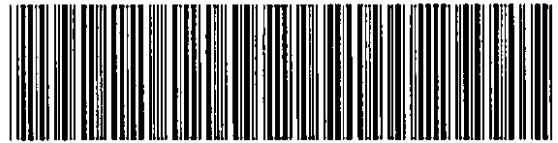
(Document Number)

Certified Copies _____ Certificates of Status _____

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2712

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100345478761

07/07/20 --01032--013 **52.50

06/04/20 --01015--005 **35.00

FILED
2020 JUL -2 AM 9:35

JUL 07 2020
S. YOUNG



2020 JUN 23 7:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2020

GILBERT CONTRERAS
141 ALMERIA AVENUE
CORAL GABLES, FL 33134

SUBJECT: PARADISE AT DADELAND CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000012148

We have received your document for PARADISE AT DADELAND CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$52.50. Please return a copy of this letter to ensure your money is properly credited.

The fee to resign as registered agent of an active corporation is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 620A00012283

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

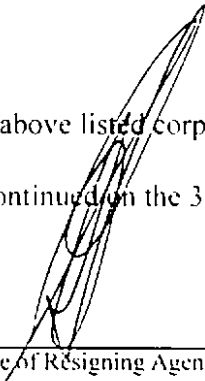
Florida Statutes, the undersigned, GILBERT CONTRERAS
(Name of Registered Agent)

hereby resigns as Registered Agent for PARADISE AT DADELAND CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

N06000012148
(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)

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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