NCG COCCI PALHS

(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:
2112

Office Use Only



100345478761

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

Û6/04/20--01015--005 ••55.00



JUL 07 2000 S. YOUNG



2020 000 - 100 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.

Letter Number: 620A00012283

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	PARADISE AT DADELAND CONDOMINIUM ASSOCIATION, INC.
	(Name of Corporation)
DOC	JMENT NUMBER: N06000012148
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
GILBI	RT CONTRERAS
	(Name of Person)
	(Name of Firm/Company)
141 A	MERIA AVENUE
	(Address)
CORA	L GABLES, FL 33134
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
GILBI	RT CONTRERAS 786 594-0180 EXT 302 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)	
nereby resigns as Registered Agent for PARADISE AT DADELAND CONDOMINIUM ASSOCIATION (Name of Corporation)	I, INC
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 in the 31st day after the date on which his statement is filed. (Signature of Resigning Agent)	7
f signing on behalf of an entity:	
(Typed or Printed Name)	
(Canacity)	

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