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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GASDICK, STANTON, EARLY, P.A.

Account Number : 075350000152

Phone

: (407)423-5203 : (407)425-4105

Fax Number

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

Email Address:_

REGISTERED AGENT RESIGNATION NOLIA VILLAS ORLANDO CONDOMINIUM ASSO

INC

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

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S. TALLENT

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Magnolia Villas Orlando Condominiu	
(Name of Corporate NOCUMENT NUMBER: NO6000012405	ion)
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Michael J. Gasdick	
(Name of Person)	
Gasdick Stanton Early, P.A.	_
(Name of Firm/Company)	-
1601 W Colonial Drive	
(Address)	-
Orlando, FL 32804	
(City/State and Zip Code)	.
For further information concerning this matter, please call:	
all	423-5203 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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, Michael J. Gasdick
(Name of Registered Agent)
hereby resigns as Registered Agent for Magnolla Villas Orlando Condominium Association, INc.
(Name of Corporation)
N06000012405
(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.
Meele Dopoles
(Signature of Resigning Agent) If signing on behalf of an entity:
in the second se
(Typed or Printed Name)
ASSEE C
en e
(Capacity) (Capacity) (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