

NO 6151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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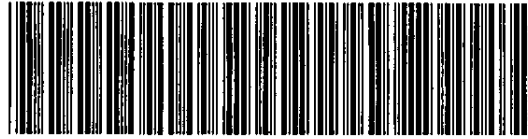
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PARK EAST CONDOMINIUM ASSN INC  
(Name of Corporation)

DOCUMENT NUMBER: N06151

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:

GARRY GRIFFIN  
(Name of Person)

BOSSHARDT PROPERTY MANAGEMENT INC  
(Name of Firm/Company)

2123 SW 20 PLACE  
(Address)

OCCALA FLORIDA  
(City/State and Zip Code)

For further information concerning this matter, please call:

GARRY GRIFFIN at ( 352 ) 671-8203  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, GARRY GRIFFIN

(Name of Registered Agent)

hereby resigns as Registered Agent for

PARK EAST CONDOMINIUM

(Name of Corporation)

ASSOCIATION INC

NO6151

(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.

Garry Griffin

(Signature of Resigning Agent)

If signing on behalf of an entity:

GARRY GRIFFIN

(Typed or Printed Name)

PRESIDENT OF

(Capacity)

BOSSHARDT PROPERTY  
MANAGEMENT

**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withdrawn corporation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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 23 PM 2:06

APPROVED  
AND  
FILED