N06897

| (Requestor's Name) |
|---|
| (6.44 |
| (Address) |
| (Address) |
| |
| (Čity/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| , , , , , , , , , , , , , , , , , , , |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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400410560334

06/16/23--01025--006 **87.50



COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|----------------------|
| Grenadier Trace I Condominium, I SUBJECT: | | |
| | (Name of Corporation) | |
| DOCUMENT NUMBER: N06897 | | |
| The enclosed Resignation of Registered . | Agent for a Corporation and fee are su | ibmitted for filing. |
| Please return all correspondence concern | ning this matter to the following: | |
| Allison Chaiet | | |
| (Name of Person) | Patrice throught and the continued of t | |
| Valancy & Reed, P.A. | | |
| (Name of Firm/Compan | iy) | |
| 310 SE 13 Street | | |
| (Address) | | |
| Fort Lauderdale, FL 33316 | | |
| (City/State and Zip Cod | (c) | |
| For further information concerning this n | natter, please call: | |
| Allison Chaiet | 954 463-1600 at () | |
| (Name of Person) | at () (Area Code & Daytime Telepho | ne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section | ons 607.0503(2), 617.0502(2), 607.150 ⁴ |), or 617.1509, |
|--|--|---|
| Florida Statutes, the undersigned, | Valancy & Reed, P.A. | , |
| | (Name of Registered Ago | ent) |
| hereby resigns as Registered Agen | Grenadier Trace I Condominium, Inc. | |
| nereby resigna da Registered Agen | (Name of Corporation |) |
| N06897 | | |
| (Document Number, if known) | | |
| A copy of this resignation was ma | iled to the above listed corporation at its | last known address. |
| The agency is terminated and the of this statement is filed. | office discontinued on the 31st day after | |
| If signing on behalf of an entity: | (Signature of Resigning Agent) | SECRETARY AND |
| Valancy & Reed, P. | | |
| | (Typed or Printed Name) | AMIO: OI |
| Purtner | | |

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

(Capacity)

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|--|---|
| SUB. | Grenadier Trace Condominium, Inc. | |
| | (Name of C | Corporation) |
| DOC | UMENT NUMBER: NO6897 | |
| The e | enclosed Resignation of Registered Agent for a | Corporation and fee are submitted for filing. |
| Pleas | e return all correspondence concerning this ma | atter to the following: |
| Alliso | n Chaiet | |
| - | (Name of Person) | |
| Valan | cy & Reed, P.A. | |
| | (Name of Firm/Company) | |
| 310 S | E 13 Street | |
| | (Address) | |
| Fort L | auderdale, FL 33316 | |
| | (City/State and Zip Code) | |
| For fi | urther information concerning this matter, pleas | se call: |
| Alliso | n Chaiet 954 at (| 1 |
| | (Name of Person) (Ai | rea Code & Daytime Telephone Number) |

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section | ons 607.0503(2), 617.0502(2), 607.1509, or 617 | 7.1509. |
|--|--|--------------|
| Florida Statutes, the undersigned, | Valancy & Reed, P.A. | r |
| C | (Name of Registered Agent) | |
| hereby resigns as Registered Agen | Grenadier Trace I Condominium, Inc. | |
| | (Name of Corporation) | |
| N06897 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mai | iled to the above listed corporation at its last known | own address. |
| The agency is terminated and the of this statement is filed. | office discontinued on the 31st day after the date | on which |
| | (Signature of Resigning Agent) | 2023 JUN 16 |
| If signing on behalf of an entity: | 22 - 1 22 - 1 27 - 1 27 - 1 27 - 1 | <u>ም</u> ዊ የ |
| Valancy & Reed, P., | Λ. <u>Π</u> | AMIO: 02 |
| *************************************** | (Typed or Printed Name) | 7 7 7 |
| Partner | | |
| | (Capacity) | |

Fee for filing this document:

\$87.50 - Active Corporation\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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