

NO70000000152

(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:

Office Use Only



000116531850

Resignation
DO RA

01/31/08--01032--009 **87.50

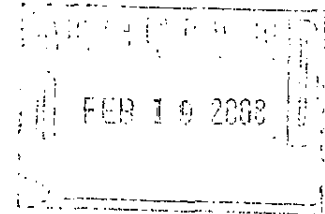
FILED
2008 FEB 22 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR
2/22/08

*00189, 00524, 00672



FLORIDA DEPARTMENT OF STATE
Division of Corporations



February 13, 2008

Kim Balashiewicz
Madison Property Management Solutions
7643 Gate Parkway, Suite 104, PMB 188
Jacksonville, FL 32256

SUBJECT: BROOKWOOD CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N07000000152

We have received your document for BROOKWOOD CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state your capacity under your signature such as "president, vice president, director etc".

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 908A00009279

RECEIVED
2008 FEB 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brooke wood Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: No7000000152

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:

Kim Balaskiewicz
(Name of Person)

Madison Property Management Solutions
(Name of Firm/Company)

7643 Gate Parkway Suite 104 PMB 188
(Address)

Jacksonville Florida 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Balaskiewicz at (904) 641-1858
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FEB 22 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Madison Property Management Solutions, LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for Brookewood Condominium Association, Inc.
(Name of Corporation)

NO7000000152
(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.

Kim Ozy, President of
(Signature of Resigning Agent)
Former Property Management Company

If signing on behalf of an entity:

Kim Balaskiewicz
(Typed or Printed Name)
President of
Former Property Management Company
(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