Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CHERRY, EDGAR & SMITH PA

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REGISTERED AGENT RESIGNATION PARCEL NO. 19 COMMUNITY ASSOCIATION, INC.

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FEB 02 2014

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Parcel No. 19 Community Association, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: N07000005501
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Jac	ck B. Owen, Jr., Esquire
	(Name of Person)
Jac	ck B. Owen, Jr., P.A.
	(Name of Firm/Company)
450	00 PGA Blvd., Suite 200
_	(Address)
Pa	Im Beach Gardens, FL 33418
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Jac	ck B. Owen, Jr561622-4521
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Jupiter 19 Park, LLC
(Name of Registered Agent)
hereby resigns as Registered Agent for Parcel No. 19 Community Association, Inc.
(Name of Corporation)
N0700005501
(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.
X - H M M - ON VF.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Judith M. Galui
(Typed or Printed Name)
Vice President 및 등 후
(Capacity)

Fee for filing this document:

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withdrawn corporation

Maka checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314