10000012338

(Re	equestor's Name)			
Associa Community Management Professionals, Inc. 5401 South Kirkman Röad, Suite 450 Orlando, FL 32819				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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08 JUN 23 PM 2: 24

FALED SECRETARY OF STATE DIVISION OF CORPORATIONS

RA/RES (10 4/25/08

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, Community Mengement Profession. (Name of Registered Agent)	els, Inc.	
hereby resigns as Registered Agent for Esplanade Orlando Condom Association	iation, 7	TAC .
//07.0000 / 23.38 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Refigning Agent)		
If signing on behalf of an entity:		
(Typed or Printed Name)	08 JUN 23 P	SECRETARY OF CORP.
(Capacity)	PH 2	OR A

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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