

Florida Department of State
Division of Corporations
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Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : PAVESE LAW FIRM - FMY
 Account Number : 120060000037
 Phone : (239)334-2195
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

M & D METRO OFFICE CENTER CONDOMINIUM ASSOCIATION, I

Certificate of Status	0
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 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M&D Metro Office Center Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N08000003355

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:

Charles Mann

(Name of Person)

Pavese Law Firm

(Name of Firm/Company)

1833 Hendry Street

(Address)

Fort Myers, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Mann

(Name of Person)

at (239) 336-6242

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Charles Mann
(Name of Registered Agent)

hereby resigns as Registered Agent for M & D Metro Office Center Condominium Associ
(Name of Corporation)

N08000003355

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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