PISOIOXXXXI

((Requestor's Name)
	(Address)
,	,~aa(c33)
	(Adaress)
	(City/State/Zip/Phone #)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Dunings Faht) Massa
((Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Consideration and	Siling Officer
Special Instructions to t	Filing Officer.
	_
	J. HORNE
	NOV 1 6 2022
	(hil
	/ 1/,
l	<u> </u>

Office Use Only



400397358794

PI TD

2022 NOV 15 PH 12: 02

SECRETARISE FOR

1. 15/22 - 01/03--001 (#437.50)

٤٦

2022 NOV 15 PH 3:58



MARK S. LEVINE Certified Circuit Civil Mediator Mark@LevineStiversLaw.com

H.B. STIVERS

Certified Circuit Civil Mediator HB@LevineStiversLaw.com

RONALD G. STOWERS
Ron@LevineStiversLaw.com

GERALD A. LEWIS

of Counsel

Certified Circuit Civil Mediator

DONN A. CLENDENON (1935-2005)

November 15, 2022

Florida Secretary of State
Division of Corporations—Amendment Section
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

Via Hand Delivery

RE: 830 East Park Avenue Condominium Association, Inc.

Document No. N08000010214

Dear Sir/Madam:

Enclosed is the original of a resignation of registered agent for the above referenced corporation. I have also enclosed our firm check payable to your office in the amount of \$87.50 to cover the cost of filing this document.

Should you have any questions regarding this matter please feel free to contact at your convenience.

Sincerely

H.B. Stivers

HBS:lb Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607	7.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	H.B. Stivers
	(Name of Registered Agent)
hereby resigns as Registered Agent for _	830 East Park Avenue Condominium Association, Inc.
	(Name of Corporation)
N08000010214	
(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 d this statement is filed.	liscontinued on the 31st day after the date on which
HB	Stin
(Sign	nature of Resigning Agent)
If signing on behalf of an entity:	
	yped or Printed Name)
(1)	speci of France (vaine)
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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