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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	!)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
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Special Instructions to	Filing Officer:	 -
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Office Use Only



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FILED



COVER LETTER

то:	Amendment Section Division of Corporations
SUBJ	FAMCO BUILDING OWNERS ASSOCIATION, INC.
	(Name of Corporation)
DOC	JMENT NUMBER: N10000000131
The e	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:
Edwar	d Carlisle
	(Name of Person)
1901 S	outh Federal Highway
	(Name of Firm/Company)
Suite 2	
	(Address)
Ft. Lau	derdale, Florida 33316
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Edwar	d Carlisle 954 658-5358 at ()
	(Name of Person) at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	507.0503(2), 617.0502(2), 607.1509, or 61	7.1509,		
Florida Statutes, the undersigned, Edw	ard Carlisle III			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	FAMCO BUILDING OWNERS ASSOCIATION	, INC,		
nereby resigns as registered Agent for	(Name of Corporation)			
N10000000131				
(Document Number, if known)				
A copy of this resignation was mailed t	to the above listed corporation at its last kn	own address.		
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the dat	e on which		
<u> </u>	2 Call II	_		
(S	ignature of Resigning Agent)	65 2		
If signing on behalf of an entity:		2021 JUL 29		
E		IL 29	F	
	(Typed or Printed Name)	PH 3: 38	ED	
		_ 🛅 🗯		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)