11200000 6531

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======, ====,
(Document Number)
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	GALLERIA COMMERCIAL PR	OPERTY OWNERS	ASSOCIATION, INC.
		(Name of Corpo	ration)
DOC	UMENT NUMBER: N12000006531		
The e	nclosed Resignation of Registered	Agent for a Corp	oration and fee are submitted for filing.
Please	e return all correspondence concer	ning this matter to	o the following:
Joseph	E. Adams		
	(Name of Person)		
Becke	r		
	(Name of Firm/Compa	ny)	_
12140	Carissa Commerce Court, #200		
	(Address)		
Fort M	lyers, Fl. 33912		
	(City/State and Zip Coo	ie)	
For fi	orther information concerning this	matter, please cal	1:
Serena	Ittenbach	239 at (248-8367
	(Name of Person)	(Area Co	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0503(2), 617.0502(2), 607.1509, or 617.1509,				
Florida Statutes, the undersigned, Becker & Poliakoff, P.A				
(Name of Registered Agent)				
hereby resigns as Registered Agent for GALLERIA COMMERCIAL PROPERTY OWNERS ASSOCIA				
(Name of Corporation)				
N12000006531				
(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:				
Joseph E. Adams				
(Typed or Printed Name)				
Office Managing Shareholder				
(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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