

113 00000 1108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

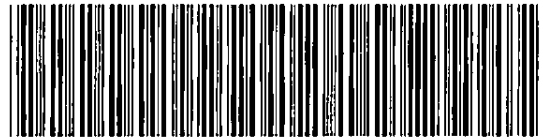
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

no p.a.

Office Use Only



000427722360

05/01/24--01027--018 **87.50

FILED
2024 MAY -1 AM 8:45
CLERK, DISTRICT CLERK

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTECITY PLAZA CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N13000001108

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:

REBECCA N. CASAMAYOR, ESQ.

(Name of Person)

HABER LAW, LLP

(Name of Firm/Company)

251 NW 23rd Street

(Address)

MIAMI, FL 33127

(City/State and Zip Code)

For further information concerning this matter, please call:

JESSICA FELIPE

(Name of Person)

305

379-2400

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
2024 MAY -1 AM 8:45
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**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, Haber Law, LLP f/k/a Haber Law, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for ARTECITY PLAZA CONDOMINIUM ASSOCIATION, INC.

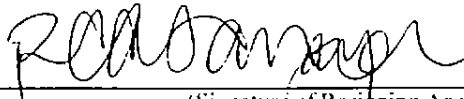
(Name of Corporation)

N13000001108

(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:

REBECCA N. CASAMAYOR, ESQ.

(Typed or Printed Name)

EQUITY PARTNER

(Capacity)

FILED
TALLAHASSEE, FL
MAY 1 2024
AM 8:45

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