113173

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Cartifical Carries Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400317294174

: . <u>.</u>

2016 SEC TALL

Cetting 22 control

FILED
2010 AUG 22 AH II: 89

RARES

AUG 23 2018 I ALBRITTON

COVER LETTER

	(Name of Corporation)
DOCU	MENT NUMBER: N13173
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Pau	ıl G. Rogalle
	(Name of Person)
	(Name of Firm/Company)
2 R	iver Rd
•	(Address)
Mid	dle Island, NY 11953
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Par	(Name of Person) at (631) 924-1169 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

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

g

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

. . .

Fursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.	
Torida Statutes, the undersigned, Syraski, MaryAnn	
(Name of Registered Agent)	
ereby resigns as Registered Agent forFIVE CHATEAU VILLAGE CONDOMINIUM ASSOCIATION, INC.	
(Name of Corporation)	
N13173	
(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 his statement is filed.	
(Signature of Resigning Agent) f signing on behalf of an entity:	
(Capacity) Supplied Annual Supplied Name) (Capacity) Supplied Name) (Capacity)	
Fee for filing this document:	
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	
\$55.00 - Administratively dissolved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation