N13453

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #	<u></u>
\	,	,
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)
		
(D	ocument Number)	
Certified Copies	Certificates o	f Status
	_	
Special Instructions to	Filing Officer:	
	-	
 		

Office Use Only



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JAN [1 Z019 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: South Shore Condon	niniums of Ja	cksonville Beach, Inc.
	(Name of Corporat	ion)
DOCUMENT NUMBER: N13453		
The enclosed Resignation of Registered A	Agent for a Corpora	ation and fee are submitted for fili
Please return all correspondence concerni	ing this matter to th	he following:
Irene Richardson		
(Name of Person)		-
Madison Property Management S	Solutions, LLC	
(Name of Firm/Company	·)	-
6960 Bonneval Road,	Suite 302	-
Jacksonville, FL 32216 (City/State and Zip Code		-
For further information concerning this m	atter, please call:	
Alicia Spell	at (904	641-1858 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Englogad is a shagh mada namahla ta tha I	Clarida Danamasa	e of Cross for \$07.50 for an action

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statu	ntes, the undersigned. Madison Property Managemen	t Solutions.	, LLC
i iorida Statu	(Name of Registered Age	int)	
harahu raciar	ns as Registered Agent for South Shore Condominiums of Jac	ksonville Bead	ch, Inc.
neredy resign	(Name of Corporation)	,	
N13453			
(Docu	ment Number, if known)		
A copy of thi	is resignation was mailed to the above listed corporation at its	last known a	ddress.
The agency i this statemen	s terminated and the office discontinued on the 31st day after at is filed. (Signature of Resigning Agent)	the date on w	[,] hich
If signing on	behalf of an entity:		
	Kim Balaskiewicz		2
	(Typed or Printed Name)		2018 DEC
)EC
	Managing Member		ا ال
	(Capacity)		PM 12:

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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