

N14 0000000672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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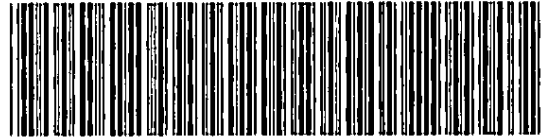
(Business Entity Name)

(Document Number)

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*Resignation
of RA*

02/11/22--01022--022 **87.50

SEC. CLERK
FEB. 11, 2022

2022 FEB 11 AM 8:33

FILED

A. RAMSEY

FEB 22 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arterpark Governor II Condominium Association, Inc.

(Name of Corporation)

DOCUMENT NUMBER: N14000000672

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:

Jonathan Goldstein

(Name of Person)

Haber Law, P.A.

(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:

Jonathan Goldstein

(Name of Person)

at (305) 379-2400
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED

2022 FEB 11 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Jonathan Goldstein / Haber Law
(Name of Registered Agent)

hereby resigns as Registered Agent for Artepark Governor II Condominium Association, Inc.
(Name of Corporation)

N14000000672

(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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**