Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : BEGGS & LANE Account Number : 120020000155 Phone : (850) 432-2451 Fax Number : (850)469-3331

\*\*Enter the cmail address for this business entity to be used tor futures annual report mailings. Enter only one omail address please ....

## REGISTERED AGENT RESIGNATION ONESI MAIN CONDOMIONIUM ASSOCIATION, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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Electronic Filing Menu

Corporate Filing Menu

Help

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#### **COVER LETTER**

TO:	
	Division of Corporations
SUBJ	One51 Main Condominium Association, Inc.
., ., .,	(Name of Corporation)
DOC	UMENT NUMBER: N15000006968
The c	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
David	B. Taylor, III
	(Name of Person)
Beggs	& Lane, RLLP
	(Name of Firm/Company)
501 C	fommendencia Street
	(Address)
Pensa	cola, FL 32502
	(City/State and Zip Code)
For f	iurther information concerning this matter, please call:
David	IB. Taylor, III 850 202-3341 at ( )
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(((11200004155363)))

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned,	David B. Taylor, III			
(Name of Registered Agent)				
hereby resigns as Registered Ager	One51 Main Condominium Association, Inc.			
The coop resigns no reagnition of regal	(Name of Corporation)			
N15000006968				
(Document Number, if known)				
A copy of this resignation was ma	ailed to the above listed corporation at its last known address.			
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which			
	(Signature of Resigning Agent)	T		
If signing on behalf of an entity:		7		
David B. Taylor, II	II (Typed or Printed Name)	C		
	(Typed or Printed Name)			
Partner				

### 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

(Capacity)