# lda Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Cor Fax Number	: (850)617-6380	
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### REGISTERED AGENT RESIGNATION BAYSIDE TERRACE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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AUG 13 2020

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TO: Amendment Section

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#### **COVER LETTER**

Division of Corporations	
BAYSIDE TERRACE HOMEOWNERS ASSOCIATION SUBJECT:	₹, INC.
(Name of Corporat	ion)
DOCUMENT NUMBER: N17000012260	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Mary K. Anderson, Paralegal	
(Name of Person)	-
Steams Weaver Miller	
(Name of Firm/Company)	-
401 East Jackson Street, Suite 2100	
(Address)	-
Tampa, FL 33602	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Mary Anderson 813	222-5038
	& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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## 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, CHRISTIAN F. O'RYAN, ESQ.
(Ivalile of Registered Age to
hereby resigns as Registered Agent forBAYSIDE TERRACE HOMEOWNERS ASSOCIATION, INC.
(Name of Coperation)
N17000012260
(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:
(Typed or Printed Name)
Candy
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

CR2E046 (12/19)

Tallahassee, FL 32314