N19 00000 1640

(Re	equestor's Name)	: 	
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
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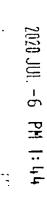
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COVER LETTER

Division of Corporations		
SUBJECT:	ociation , Inc	
(Name of Corp	oration)
DOCUMENT NUMBER: N19000001640		
The enclosed Resignation of Registered Ag	gent for a Cor	poration and fee are submitted for filing
Please return all correspondence concernin	g this matter	to the following:
Csilla Ujvari, Vice President		
(Name of Person)		<u> </u>
30th Court Villas Condominium Association, Inc.		
(Name of Firm Company)		
2921 SW 30th Court, Unit A		
(Address)	•	
Miami, FL 33133		
(City'State and Zip Code)		 -
For further information concerning this ma	tter, please ca	dl:
Bruce M. Bounds, Esquire	305	728-1350) 'ode & Daytime Telephone Number)
(Name of Person)	— " (Area C	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Addgess:

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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned. Bruce M. Bounds, Esquire		
(Name of Regist, red Agent)		
hereby resigns as Registered Agent for 20th Court Villas Condominium Association, Inc		
(Name of Corroration)		
N19000001640		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known add	ress.	
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)	:h	
If signing on behalf of an entity:		
(Lyped or Printed Name)	2020 JUL -6	• +-Ç b .
	P	, ; :::
(Capacity)	••	يب با

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