N19000010496

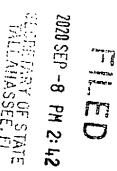
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

	ndment Section tion of Corporations
SUBJECT:_	VILLA EMMA TOWNHOME CONDOMINIUM ASSOCIATION, INC.
	(Name of Corporation)
DOCUMEN	T NUMBER: N19000010496
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:
<u> </u>	(Name of Person)
371	(Name of Firm/Company)
2040	NW 133 Ave Urf 1 (Address)
<i>N</i> _	igm FL 33182. (City/State and Zip Code)
For further in	nformation concerning this matter, please call:
Ma	(Name of Person) at (305) 253-7900 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned	Maximilian Michael Tower
	(Name of Registered Agent)
hamaha masiana as Davistanad Ausan	t for VILLA EMMA TOWNHOME CONDOMINIUM ASSOCIATIO
nereby resigns as Registered Agen	(Name of Corporation)
N19000010496	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the orthis statement is filed.	office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	,
/	Maximi Kan ToveV (Typed or Printed Name)
	(Typed or Printed Name)
	presiden).
	(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withdrawn corporation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