

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Beneva-Clark Plaza Co	ondominium A	association, Inc.
	(Name of Corpora	tion)
DOCUMENT NUMBER: N20595		
The enclosed Resignation of Registered A	gent for a Corpor	ration and fee are submitted for filing
Please return all correspondence concerni	ng this matter to t	the following:
Dane P. DeRuiz		
(Name of Person)		_
(Name of Firm/Company	)	_
PO Box 2618		
(Address)		=
Sarasota FL 34230		
(City/State and Zip Code	)	_
For further information concerning this m	atter, please call:	
Joni Weist	<sub>at (</sub> 941	232-3339 e & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dane P. DeRuiz
(Name of Registered Agent)
hereby resigns as Registered Agent forBeneva-Clark Plaza Condominium Association, Inc.
(Name of Corporation)
N20595
(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)
FIL ECRETAR ECRETAR LLAHASE
(Capacity)
Fee for filing this document:

**Fee for filing this document:** \$87.50 - Active Corporation

\$35.00 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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