N23190

(Requestor's Name)				
(Address)				
(16335)				
(Address)				
(City/State/Z	Zip/Phone #)			
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(Business E	intity Name)			
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SEP 1.3 2021 FALBRITTON

COVER LETTER

Tavares Ridge Condominium Association	
SORIFCI:	of Corporation)
DOCUMENT NUMBER: N23190	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent fo	r a Corporation and fee are submitted for filing
Please return all correspondence concerning this	matter to the following:
Garry Griffin	
(Name of Person)	
Bosshardt Property Management	
(Name of Firm/Company)	
5522 NW 43rd Street	
(Address)	
Gainesville, FL 32653	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Garry Griffin at (371-2118 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	ie provisions of sections	s 607.0503(2), 617.0502(2), 607.1509, o	r 617.1509.
Florida Statu	tes, the undersigned, Bo	osshardt Property Management	
(Name of Registered Agent)			
hereby resign	e as Registered Agent f	Tavares Ridge Condominium Association	
nereby resigns as Registered Agent for (Name of Corporation)			
N23190			
(Docu	nent Number, if known)		
A copy of thi	s resignation was mailed	d to the above listed corporation at its las	st known address.
The agency is this statemen	t is filed.	ice discontinued on the 31st day after the $\sqrt{\frac{1}{1000000000000000000000000000000000$	e date on which
	Sn	(Signature of Resigning Agent)	2022 SEP
If signing on	behalf of an entity:		SEP -2
	Garry Griffin		·
		(Typed or Printed Name)	PH 5: 46
			9
	President Bosshardt Pre	operty Management	
		(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation PAY FIZOM TR ACOUNT
\$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withdrawn corporation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