09/25/2019 TUE 17:22 Division of Corporations



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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

Account Name : BRINKLEY, MORGAN Account Number: 076077003213

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: (954)522-9123

27 1018 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT RESIGNATION

□ CARAVELLE APARTMENTS CONDOMINIUM ASSOCIATION

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	CARAVELLE APARTMENTS CONDOMINIUM ASSOCIATION, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: N29800
The c	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
WI	LLIAM BENT
	(Name of Person)
CARA	VELLE APARTMENTS CONDOMINIUM ASSOCIATION, INC.
	(Name of Firm/Company)
12	SISLE OF VENICE
	(Address)
FO	RT LAUDERDALE, FL 33301
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
WII	LIAM BENT at (954) 463-5621 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, 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 607.0302(2), 617.0302(2), 607.1309, 61 617.1309,	
Florida Statutes, the undersigned, BRINKLEY, MCNERNEY, MORGAN, ET AL (Name of Registered Agent)	
hereby resigns as Registered Agent for CARAVELLE APARTMENTS CONDOMINIUM ASSOCIATION, INC.	
(Name of Corporation)	
N29800	
(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. (Bignature of Resigning Agent)	
If signing on behalf of an entity: DANIEL P.J. O'CONNOR (Typed or Printed Name)	
DANIEL P.J. O'CONNOR	
CO TO THE RESERVE TO	-
ATTORNEY	
(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