

To:

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2023-11-30 20:14:30 GMT

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From: Russell Jacobs

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : THE JACOBS LAW GROUP
Account Number : 120130800669
Phone : (305)405-4444
Fax Number : (305)402-0138

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

Email Address: carolina@thejacobslawgroup.com

REGISTERED AGENT RESIGNATION
THE DECOPLAGE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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A. RAMSEY
DEC -1 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE DECOPLAGE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: 65-0390632

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:

CAROLINA LIEBERMAN

(Name of Person)

THE JACOBS LAW GROUP

(Name of Firm/Company)

20700 W. DIXIE HIGHWAY

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINA LIEBERMAN

(Name of Person)

at (305) 405-4444

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

2023 NOV 30 PM 1:00

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, THE JACOBS LAW GROUP

(Name of Registered Agent)

hereby resigns as Registered Agent for THE DECOPLAGE CONDOMINIUM ASSOCIATION, INC.

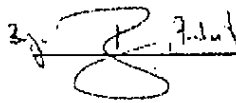
(Name of Corporation)

65-0390632

(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.

The Jacobs Law Group
By 

(Signature of Resigning Agent)

If signing on behalf of an entity:

RUSSELL S. JACOBS

(Typed or Printed Name)

PRESIDENT

(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