

N94000003223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

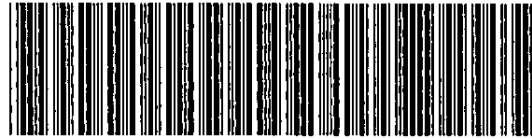
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PA
Resign.
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DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Park Vintage of South Beach Condo Assoc
(Name of Corporation)

DOCUMENT NUMBER: N94000003223

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:

Paula Fletcher
(Name of Person)

(Name of Firm/Company)

721 14th Pl, Apt 18
(Address)

Miami Beach, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Maxwell Sheiner at (305) 535 8300
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Blue Sky Miami, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for THE PARK VINTAGE OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

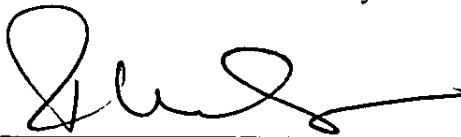
(Name of Corporation)

N94000003223

(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:

Blue Sky Miami, INC

(Typed or Printed Name)

PRINCIPAL / RA

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

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withdrawn corporation

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FEB 1 2016

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314