

N94000004522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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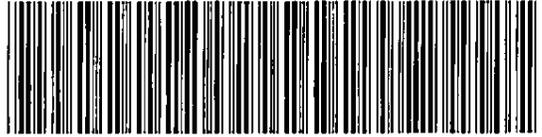
(Business Entity Name)

(Document Number)

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2023 MAR -6 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Ra Resignation*

MAY 31 2023

D CUSHING

Kenneth S. Direktor  
Shareholder  
Board Certified Specialist, Condominium and  
Planned Development Law  
Phone: 954.965.5050 Fax: 954.985.4176  
kdirektor@beckerlawyers.com

# Becker

Becker & Poliakoff  
1 East Broward Blvd.  
Suite 1800  
Ft. Lauderdale, FL 33301

March 2, 2023

Amendment Section Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Town Center Professional Association, Inc.**

**Document No. N94000004522**

Dear Sir or Madam:

Enclosed please find an executed Resignation of Registered Agent Form for the above  
referenced corporation along with a check in the amount of \$87.50 to cover the cost of filing.

Should you have any questions or comments whatsoever, please contact the undersigned.

Very truly yours,



**Kenneth S. Direktor**  
For the Firm

KSD/kv  
Enclosure

2023 MAR -6 AM 9:55  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOWN CENTER PROFESSIONAL ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N94000004522  
\_\_\_\_\_

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:

Kenneth S. Direktor  
\_\_\_\_\_  
(Name of Person)

Becker & Poliakoff  
\_\_\_\_\_  
(Name of Firm/Company)

1 E BROWARD BLVD., 1800  
\_\_\_\_\_  
(Address)

FT. LAUDERDALE, FL 33301  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth S. Direktor at (954) 965-5050  
\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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, Becker & Poliakoff  
(Name of Registered Agent)

hereby resigns as Registered Agent for TOWN CENTER PROFESSIONAL ASSOCIATION, INC.  
(Name of Corporation)

N94000004522  
(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:

Kenneth S. Direktor  
(Typed or Printed Name)

Shareholder  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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