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R. WHITE

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Attorneys at Law



Mary Ann Chandler, Esq. MChandler@likeyourlawyer.com

June 23, 2014

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: St. Louis Condominium Association, Inc. Resignation of Registered Agent

Dear Sir / Madam:

Enclosed please find the *Resignation of Registered Agent for A Corporation*, which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$87.50. Should you require any further information or documentation with respect to the Resignation of Registered Agent for a Corporation for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL

Mary Ann Chandler, Esquire

Partner

MAC:kmc

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: St LOUIS condominium Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: N9500000863
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:
Katie Crisante (Name of Person)
Katzman Garfinkel (Name of Firm/Company)
5297 W. Copars Road (Address)
Margate FL 33063 (City/State and Zip Code)
For further information concerning this matter, please call:
Kathe Crisante at (954) 4867774 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,

Condominum Association,

(Name of Registered Agent)

(Name of Corporation)

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

(Signature of Resigning Agent)

If signing on behalf of an entity:

this statement is filed.

(Typed or Printed Name)

(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